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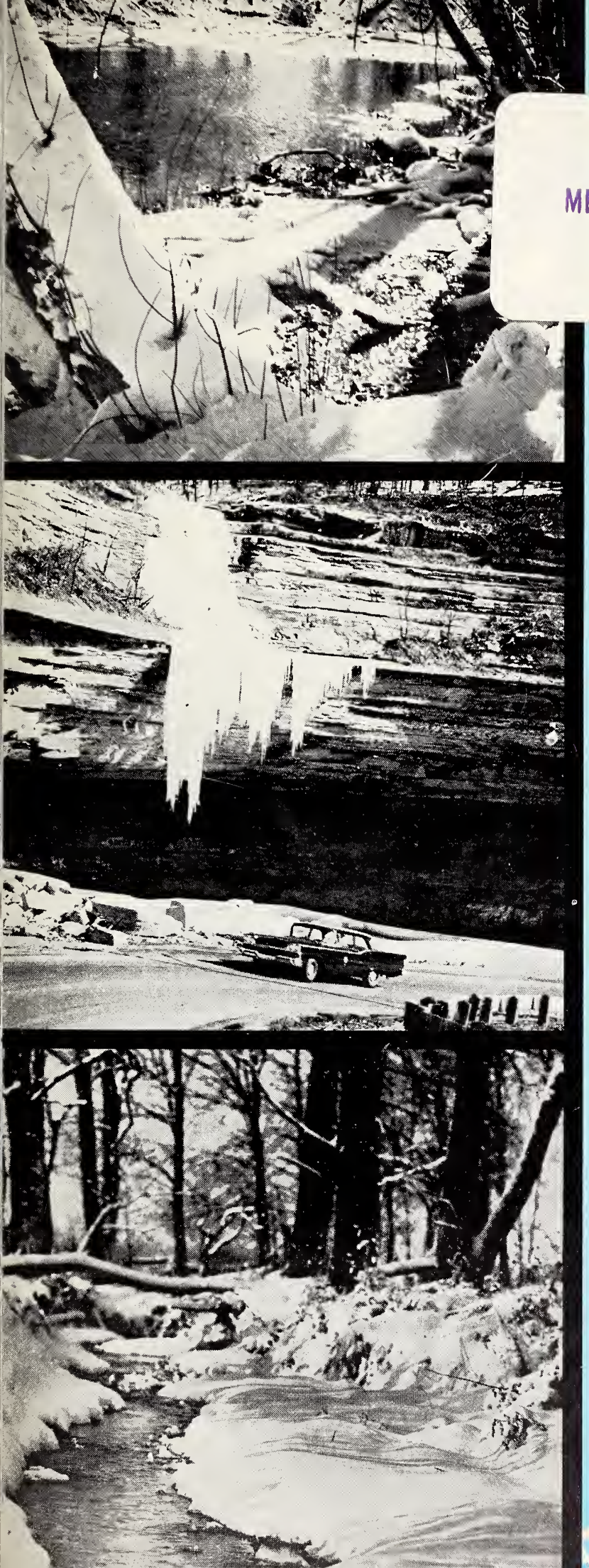

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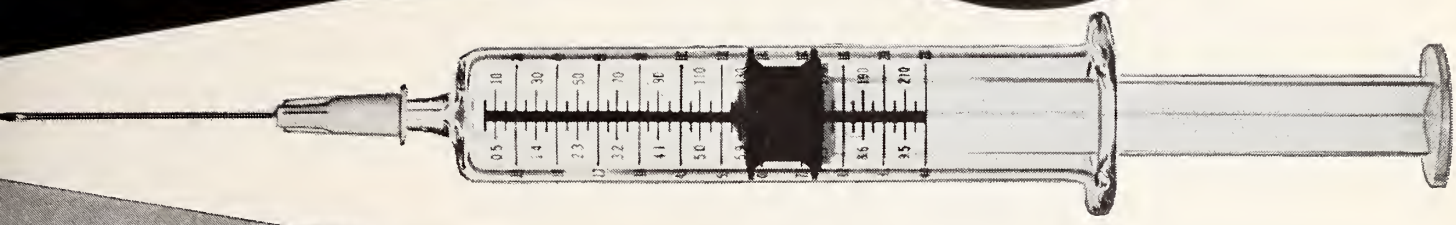

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10.	Robert Milos, Gary	J. M. Siekierski, Griffith	
11.	Julius T. Steffen, Wabash	Fred Poehler, La Fontaine	Sept. 17, 1970, Marion
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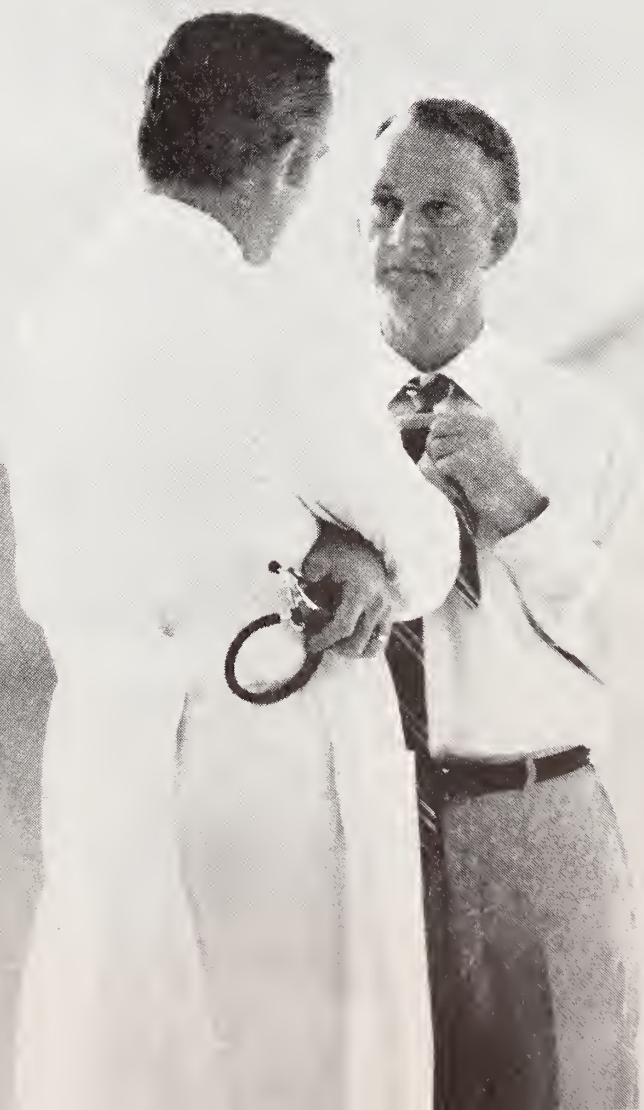

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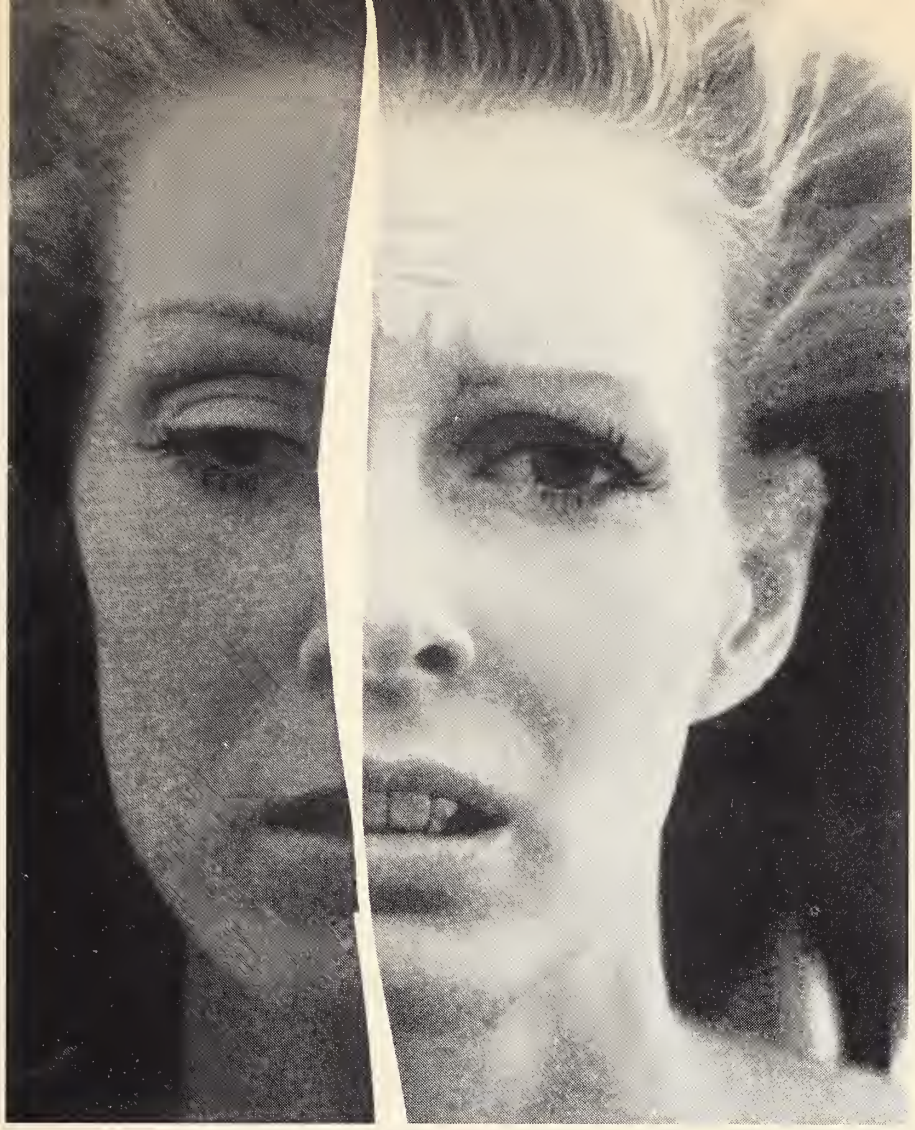

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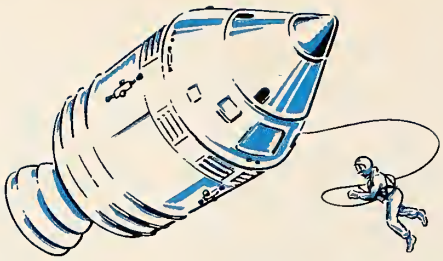

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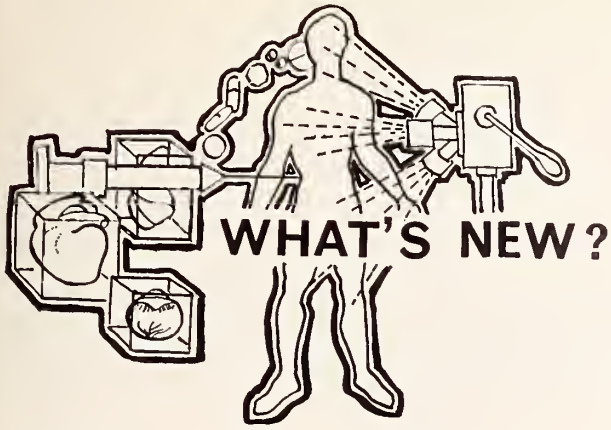

Translok, Inc., Roslyn, New York, has a new auto transmission lock which is recommended especially for the cars of doctors. The lock is actuated by pushing a button when the automatic transmission is in the parking position. It may be unlocked with a key which in this instance is European-made. The device not only prevents theft of the car but also limits accidental shifting by owner or children. When locked in this manner the car cannot be towed away except by special equipment.

* * *

A new booklet for the instruction of those who wear contact lenses and for potential wearers is available from Barnes-Hind Ophthalmic Products. Entitled "Questions and Answers About Contact Lenses," it is designed to provide accurate information and to dispel certain fallacies about contact lenses. It is available through optical supply wholesalers.

* * *

The Birtcher Corporation has introduced a Blood Pressure Monitor, which offers continuous measurement and display of patient systolic and diastolic arterial pressure. The unit automatically activates alarms in as many as three modes if pre-set limits are exceeded.

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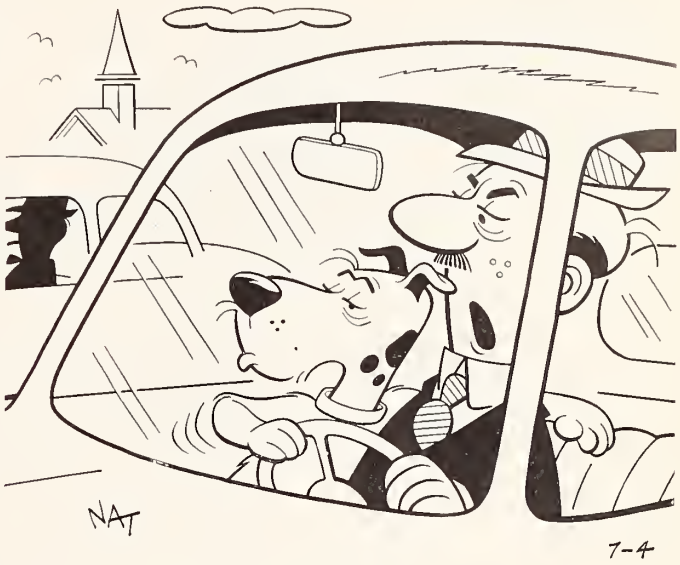

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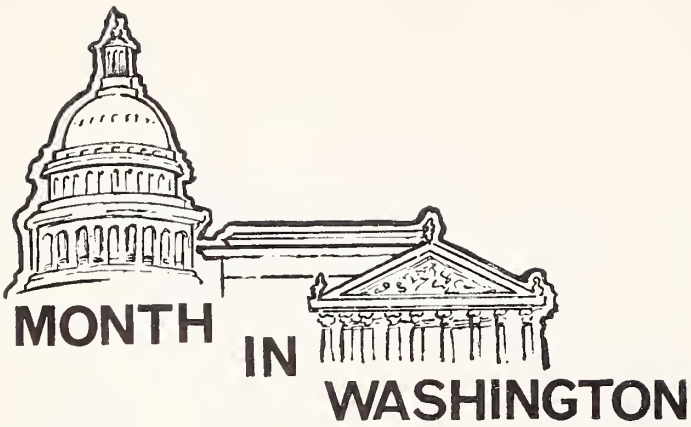

This summary of what is happening in Washington is prepared by AMA's Capitol office and air-mailed to *The Journal* on the ninth of each month preceding month of issue.

WASHINGTON—A Senate subcommittee said that the number of medical malpractice suits probably will increase and "the situation threatens to become a national crisis."

SEN. ABRAHAM RIBICOFF (D., La.), chairman of the Subcommittee on Executive Reorganization which has been reviewing the federal role in the nation's health care problems for nearly two years, reported eight conclusions after an extensive staff study. They are:

"1. THE NUMBER of malpractice suits and claims is rising sharply in certain regions of the country. The size of judgments and settlements is increasing rapidly.

"2. MOST MALPRACTICE suits are the direct result of injuries suffered by patients during medical treatment or surgery. The majority have proved justifiable. These suits are the indirect result of a deterioration of the traditional physician-patient relationship.

"3. THE PUBLICITY given to higher malpractice judgments and settlements, based frequently on new legal precedents, is likely to trigger increasing litigation in other states. The situation threatens to become a national crisis.

"4. ALREADY, higher judgments and settlements are having the following direct results:

(a) Companies providing malpractice insurance are increasing the cost of coverage.

(b) These costs —in the form of higher charges — are being passed on to patients, their health care insurance companies, and federal health care programs.

"5. THE RISING NUMBER of malpractice suits is forcing physicians to practice what they call defensive medicine, viewing each patient as a potential malpractice claimant. Physicians often order excessive diagnostic procedures for patients, thereby increasing the cost of care. Moreover, they are declining to perform other procedures, which, in themselves, may entail some risk of patient injury.

"6. AT PRESENT, it appears that no one affected by the rise in malpractice suits and claims has been able to deal with this problem in a manner that promises to alleviate this situation.

"7. THE LION'S SHARE of the total cost to the insurance companies of malpractice suits and claims goes to the legal community.

"8. THERE IS A definite federal role in the malpractice problem."

SPECIALISTS LISTED as having "a greater potential exposure to malpractice suits" were orthopedic surgeons, general surgeons, neurosurgeons,

anesthesiologists, obstetricians and gynecologists.

THE 1150-page report included responses from staff inquiries to the American Medical Association, the American Hospital Association, lawyers and malpractice insurance companies.

IF THE SITUATION continues to worsen, the report said, the federal government "may have to consider . . . a reinsurance pool to which it would contribute."

IF THE federal government moves into the malpractice area, the report said, it also should consider:

". . . whether medical or surgical injury to a patient is a community responsibility and therefore compensable by the community.

". . . whether it must provide legal aid to the poor to help them seek redress from personal medical or surgical injury.

". . . whether it will insist upon creation of more effective regulatory devices over health professionals and health facilities to assure that those who are providing care are competent to do so."

EXPERIMENTS SUGGESTED IN MEDICARE/MEDICAID PAYMENTS

A SPECIAL TASK FORCE recommended that the federal government experiment in different ways of paying physicians under medicare and medicaid.

IN THE FIRST of a series of reports on medicaid, the task force, appointed by Health, Education and Welfare Secretary Robert H. Finch last July, said:

"HEW SHOULD actively program experiments for incentive reimbursement under medicare and medicaid, with new emphasis on experiments in payment methods for physicians as the key generators of health services. In addition to experiments in institutional reimbursement, other experiments could emphasize compensation to groups of practitioners using modified approaches to capitation with built-in controls on quality and costs."

THE REPORT SAID that states also should be made aware of options now available under present laws and regulations in addition to the individual fee-for-service basis for payments to physicians. The report listed "contract payments with quality controls, case average methods, and fee for time."

THE TASK FORCE recommended that medicaid funds be used to finance group practice, neighborhood health clinics and home health care programs, particularly in ghettos and other low-income areas.

THE RECOMMENDATION was the core of a goal "to effect changes and improvements in the health care delivery system" of the nation.

"BRINGING ABOUT needed major changes in the organization and delivery of health services is a long-range objective, requiring national commitment and establishment of national policy and priorities," the task force said in the first of a series of reports.

"FOR THE SHORT-RANGE, we are recommending certain actions which could bring about some improvements and which are consistent with long-range objectives."

FOR THE SHORT-RANGE, it was recommended that five percent of federal medicaid funds be earmarked for state "development and improvement of health

Continued

care services and resources." Consideration also should be given to such use of medicare funds, the report said.

THE FEDERAL GOVERNMENT was urged to take a more positive leadership role in the medicare program by first improving its own administrative machinery and then getting the states to make their management functions more efficient.

OTHER RECOMMENDATIONS of the task force included:

—Deny federal medicaid funds to chiropractors and naturopaths.
—Require uniform provisions and unified state standard-setting, certification, and consultation functions with respect to providers of service under both medicaid and medicare.
—Establish eligibility for medicaid benefits by permitting an applicant to fill out a simple declaration form.
—Require "profiles at the state level of vendors and recipients of service, and criteria against which to screen claims to identify patterns which appear to deviate from desirable and/or usual behavior."

AMA URGES FINANCIAL SUPPORT TO INCREASE PHYSICIANS

THE AMERICAN MEDICAL Association urged Congress to give top priority to appropriations that will help increase the number of physicians.

TESTIFYING BEFORE a Senate appropriations subcommittee, Dr. C. H. William Ruhe, director of the AMA's Division of Medical Education, said that "medical education should be supported financially as fully as possible to meet the pressing need which exists today for an increased number of physicians."

"WE BELIEVE," he said, "that in any appropriation priorities established for all government programs, those which affect health care should be given primary consideration. Further, because of the special need . . . for more physicians, we urge that appropriations relevant to the production of physicians be given first priority."

CONCERNING DECREASES in the Administration budget in support of research and training grants, fellowships, library grants and research facility construction, the AMA spokesman said:

"IT IS DIFFICULT to estimate the effect these reductions will have upon efforts to increase physician production, but there is concern among many medical educators that the growth in medical school enrollments will be inhibited. We believe that this effect should be watched closely and corrective measures instituted promptly if physician production is impaired."

THE AMA joined the Student American Medical Association and the Association of American Medical Colleges in a joint statement which said that "an increase in the appropriation for the Health Professions Student Loan Program is crucial." ◄

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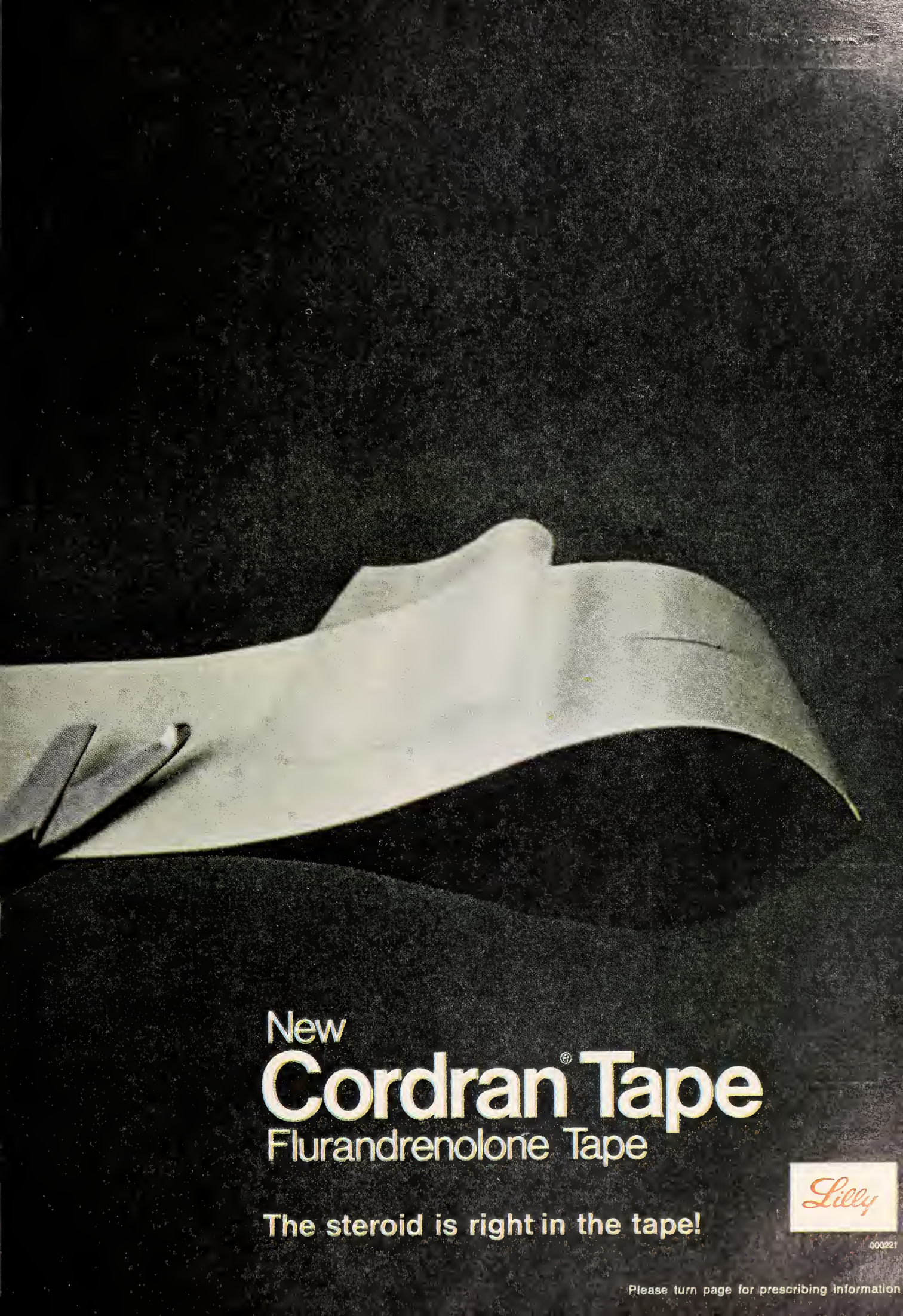
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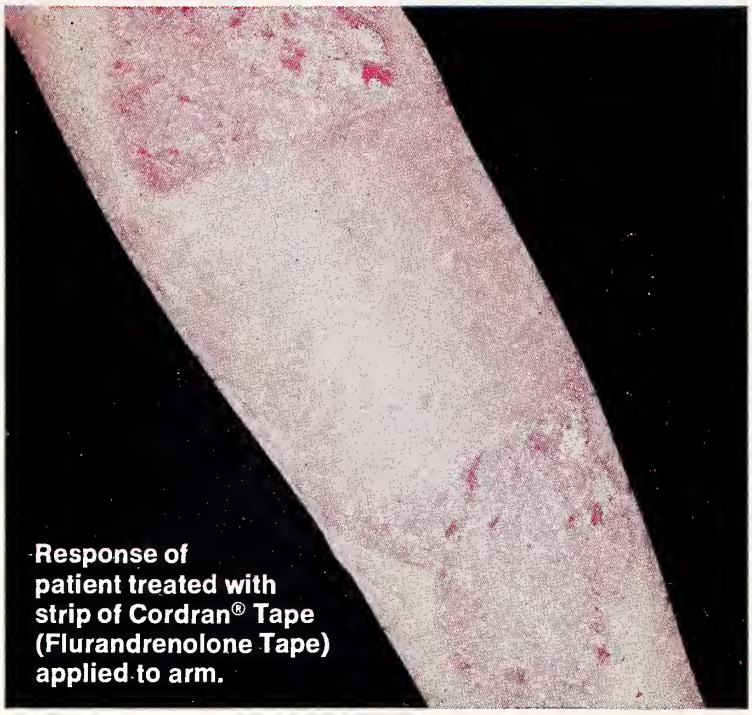

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Contraindications: Chickenpox, vaccinia; patients with a history of hypersensitivity to any of its components. Not recommended for lesions exuding serum or in intertriginous areas.

Warning: ***Usage in Pregnancy***—Although adverse effects on pregnancy have not been reported, safety of the use of topical corticosteroids on pregnant women has not been absolutely established. Do not use extensively on pregnant patients in large amounts or for prolonged periods.

Precautions: If irritation develops, discontinue the product and institute appropriate therapy.

In the presence of infection, use appropriate antifungal or antibacterial agents. If a prompt response does not occur, discontinue the corticosteroid until the infection is adequately controlled.

If extensive areas are treated, take suitable precautions against the possibility of increased systemic absorption. Exercise particular care with infants and young children.

Adverse Reactions: The following local adverse reactions have been reported with topical corticosteroids, with or without occlusive dressings: burning sensations, itching, irritation, dryness, folliculitis, hypertrichosis, acneform eruptions, and hypopigmentation.

The following may occur more frequently with occlusive dressings than without: maceration of the skin, secondary infection, skin atrophy, striae, and miliaria. In addition, the tape may cause purpura and stripping of the epidermis.

Administration and Dosage: ***Preparation of the Skin***—Shower or tub baths should be completed before Cordran Tape is applied. Gently clean area to remove scales, crusts, dried exudates, and previously used ointments or creams. A germicidal soap or cleanser will prevent the development of odor under the tape. Shave or clip the hair to allow good contact and comfortable removal. Dry the skin before applying tape.

In most cases, the tape should be replaced after twelve hours. Wash the skin and allow it to dry for an hour before reapplying the tape. When necessary, the tape may be used only at nighttime. Loose ends or corners may be trimmed off and replaced with fresh tape.

Directions for the patient are included in each package.

How Supplied: Each roll of Cordran® Tape (flurandrenolone tape, Lilly) is 7.5 cm. (3 inches) wide and 200 cm. (80 inches) long.

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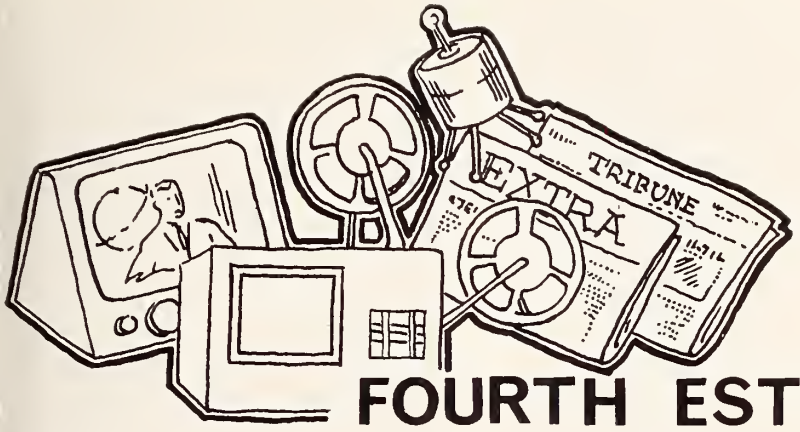

FOURTH ESTATE

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

The Family Doctor

The acute shortage in medical doctors who engage in general practice is graphically illustrated by a banner that stretches across the road in a northwestern Indiana town.

It says simply that Wolcott needs a doctor. The town of 900 people does, indeed, need a doctor and has needed one for 11 months since the only M.D. in town moved away. If any residents of the town require emergency treatment, they can get it only at Monticello, 18 miles away.

The citizens of Wolcott have publicized their need a little more than other places, but there are many other small towns in Indiana that are in the same predicament. Fewer and fewer graduating medical students enter general practice and those who do are not likely to establish themselves in a small town.

As the Wolcott Health Organization has found in its long search for a doctor, the trend in medicine is toward specialization.

The graduating medical student cannot be blamed if he specializes. Such practice is not only more profitable but is more convenient.

However, there are many times when a general practitioner fills the need better than a specialist. And no resident of a community is more respected than the family doctor.

The medical profession and medical schools ought to make greater effort to encourage general practice. One who enters that field can find no greater opportunity for public service or for self-satisfaction than in becoming a family doctor in a small town.—*The Indianapolis News*, Oct. 22, 1969.

Cyclamate and DDT

The Food and Drug Administration demonstrated how swiftly and drastically government *can* act when it banned cyclamate. The reason for the ban: Six out of 12 rats on a lifetime diet of cyclamate 50 times greater than recommended for humans developed cancer.

Last spring, thousands of pounds of Lake Michigan salmon were confiscated because the fish contained excessive amounts of another chemical DDT pesticide. Last month, three other species of fish from the same lake were reported excessively contaminated with DDT.

DDT and similar pesticides do not break down into harmless substances after application. They remain *unchanged*—on vegetation, in the ground, or washed into streams and lakes. When consumed by fish, birds, animals or humans, they accumulate in fatty tissue—still unchanged. When fish, birds and animals are eonsumed, the accumulation increases.

There is mounting evidence that small amounts of DDT-type chemicals impair reproduction in animals and birds. The effect of continued accumulation on humans remains unknown, and in controversy.

One country—Sweden—has banned these pesticides. Two states have suspended their sale; another has limited their use. The Food and Drug Administration recently announced that two drugs used in treating convulsions will rid the body of DDT.

Otherwise, the use of these questionable chemicals and their accumulation in our bodies continues.

Presumably, it's legal. But it doesn't seem reasonable to impose a ban on cyclamate—which we can use or reject, and do almost nothing about DDT—which we can avoid only if we quit eating!—*A WFBM Stations editorial*, Oct. 30, 1969.

The Year Of The Family Doctor

There are so many specialized weeks in each year that we sometimes weary of them. This week, however, November 16 to 22, we are in the midst of National Family Health Week. President Nixon signed legislation proclaiming this week October 15. We believe this one is most important.

The legislation, introduced as a joint Senate-House resolution by the late Senator Everett Dirksen and physician-Congressman Tim Lee Carter of Kentucky, asked the president to proclaim this week as a means of focusing national attention during the year upon the accomplishments of the American health care system and the central role played by the

Continued

family physician in the maintenance of superior medical care for Americans of all ages and from all walks of life.

We have often thought about the importance of this specialization with practically all medical men specializing in everything except family care. Prospects this year seem very bright. This is the year of the New Family Doctor—new because organized medicine has elevated primary health care—historically the province of the general practitioner—to rank of a first-line specialty.

So great is the need for more family doctors and so immediate was the response that many university medical schools are already offering undergraduate training in family practice. By mid-1970, 38 medical schools will have incorporated family practice into their curricula. In addition, 23 teaching hospitals have established residencies in family medicine and eight more programs await approval. There is also a bill before the House of Representatives for $320,000,000 in grants to expand enrollments in the new specialty. It's up to all Americans to encourage the national drive for specialists in family practice. Your family's health may depend on it. —*The Tell City News*, Nov. 20, 1969.

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Killers Of A Dream

George A. Steinberger of Indianapolis believed in the free enterprise system. He believed that if a man owned and operated a store selling reputable products and giving good service he could earn a livelihood. So for 18 years he ran Steinberger Pharmacy at 502 North Highland Avenue. The pharmacy drew customers, as he thought it would.

It also drew those who think they are entitled to benefit from another person's perspiration. It drew the latter-day slaveholders, who make a man work for them at no pay. We refer to burglars, the jackals of society. This month Steinberger, victim of more than 100 burglaries in the last 18 years, was victimized again. Calling the latest offense against his right to engage in free enterprise "the last straw," he announced that he was quitting business. He was weary, he said, of "replacing window glass, taking personal losses and getting up in the middle of the night because I've had another break-in."

And so an Indianapolis resident has been driven out of business by sneak thieves. And so some person who needs medicine and who doesn't walk so well because he's old will have to walk a little further because Steinberger's Pharmacy won't be there anymore.

The closing of Steinberger's under such deplorable conditions is the chiseling of one more small chip from the granite of society—not in Indianapolis alone but all over America. Chip by chip the American way of life—the dream that hard work, integrity, thrift and a few other American virtues that once were held in repute could make a nation of decent people—is being hacked to pieces by criminals and vandals and by those who counsel that crime is justified by adversity. —*The Indianapolis Star*, Nov. 30, 1969.

Family Doctor's Return

This is National Family Health Week, as proclaimed by President Nixon, who has called upon private and public agencies to work together to improve the nation's health.

The Indiana Academy of General Practice is highlighting this observance by calling attention to the fact that there is a national movement afoot currently to re-establish the family doctor on the medical horizon.

There certainly are many excellent doctors practicing medicine in Valparaiso and Porter county, but most of them are specialists in specific fields.

The complaint we hear most often is that it is difficult to find a family doctor in this community who is a general practitioner. This is not to say that we don't have any now, but the complaints—legitimate or not—are that there are too few of them for our population.

Be that as it may, it seems clear that the Indiana Academy and national agencies are concerned about the decline. It noted that last February a new specialty of family practice was officially established and was given approval by the Council on Medical Education of the American Medical Association.

As a result many medical schools have begun to expand their curriculums. It is estimated that within five years or so there will be 38 university medical schools offering undergraduate training in family practice.

In addition to conventional medical studies, emphasis will be placed on preventive, as well as curative, medicine.

Like in all medical studies there is a long road of study and training awaiting a young person who enters upon this family doctor road.

After the usual four years of medical school, the student will spend three years in hospital internship and residency and then take an in-depth written examination for certification. But in addition, the high standards imposed on this new specialty also require that the family specialist be re-examined after six years for renewal of certification.

That this lack of family doctors is of national concern can be noted by the fact that many states are joining in a drive to increase the number of family specialists. For example, New York's legislature has passed a law requiring each state university medical center there to form a department of general practice.

It is the hope of those agencies promoting this type of practice that this new program will encourage young medical students, who are more interested in people than in pure science and research, to gain tremendous satisfaction from family medicine.

It remains to be seen how well young people entering medicine will be attracted to the family practice. We trust that they will be considerable, so that the national shortage of family doctors may be eased.

We commend the medical agencies for making this attempt. As the population explodes, the need for family practitioners will increase.—*Valparaiso Vidette-Messenger*, Nov. 19, 1969. ◄

I.U. School of Medicine Postgraduate Courses (Division of Postgraduate Medical Education)

DATE	COURSE TITLE	LOCATION	COURSE DIRECTOR
Feb. 4, 1970	Human Sexuality Problems	I. U. M. C.	Dr. E. Tyler
Feb. 11, 1970	*Practical Management of Renal Diseases	I. U. M. C.	Dr. S. Kleit
Feb. 12, 1970	Clinical Aspects of Psychosomatic Illness	Evansville, Indiana	Dr. H. J. Reitman
Feb. 18, 1970	Psychiatry in Everyday Practice	Anderson, Indiana	Dr. R. C. Condin
Feb. 25, 1970	New and Renew	Fort Wayne, Indiana	Dr. R. Mann
Mar. 4-5-6, 1970	*Electrocardiography for Physicians—21st Annual Course	I. U. M. C.	Dr. W. D. Close
Mar. 11, 1970	The Adolescent and the Practitioner	I. U. M. C.	Dr. J. Simmons
Mar. 18, 1970	*Practical Endocrinology	I. U. M. C.	Drs. R. Powell-R. Schnute
April 5-17, 1970	Anatomical and Clinical Otolaryngology 55th Annual Course	I. U. M. C.	Dr. Brown
April 22, 1970	*Rehabilitation in Respiratory Insufficiency	Marion County General Hospital	Dr. Popplewell
May 6-7, 1970	5th Annual Indiana Multidisciplinary Child Care Conference	Stouffer's Inn	Dr. M. Green
May 20, 1970	Orthopaedics for the General Practitioner	I. U. M. C.	Dr. J. Wray
May 27, 1970	Psychiatry in Everyday Practice	Madison, Indiana	Dr. O. McAtee
By Arrangement	Seminar — Psychiatry in General Medicine	I. U. M. C.	Dr. T. Overley
By Arrangement	Supervised Psychotherapy	I. U. M. C.	Dr. T. Overley

* Co-sponsored by the Indiana Regional Medical Program.

Convalescing . . . but still a long way to go. Anxiety can make it even longer.

Convalescence following medical or surgical procedures may be almost endless to an anxious patient. And, indeed, anxiety with some patients actually retards progress—for example, by inducing insomnia and reducing cooperation.

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Important Precautions: Carefully supervise dose and amounts prescribed, especially for patients prone to overdose themselves. Excessive prolonged use has been reported to result in dependence or habituation in susceptible persons, as alcoholics, ex-addicts, and other severe psychoneurotics. After prolonged excessive dosage, reduce dosage gradually to avoid possibly severe withdrawal reactions. Abrupt discontinuance of excessive doses has sometimes resulted in epileptiform seizures.
Warn patients of possible reduced alcohol tolerance, with resultant slowing of reaction time and impairment of judgment and coordination.
Reduce dose if drowsiness, ataxia or visual disturbance occurs; if persistent, patients should not operate vehicles or dangerous machinery.
Side Effects include drowsiness, usually transient; if persistent and associated with ataxia, usually responds to dose reduction; occasionally concomitant CNS stimulants (amphetamine, mephentermine sulfate) are desirable. Allergic or idiosyncratic reactions are rare, but such reactions, sometimes severe, can develop in patients receiving only 1 to 4 doses who have had no previous contact with meprobamate. Previous history of allergy may or may not be related to incidence of reactions. Mild reactions are characterized by itchy urticarial or erythematous maculopapular rash, generalized or confined to groin. Acute nonthrombocytopenic purpura with cutaneous petechiae, ecchymoses, peripheral edema and fever have been reported. One fatal case of bullous dermatitis following intermittent use of meprobamate with prednisolone has been reported. If allergic reaction occurs, meprobamate should be stopped and not reinstituted. Severe reactions, observed very rarely, include angioneurotic edema, bronchial spasms, fever, fainting spells, hypotensive crises (1 fatal case), anaphylaxis, stomatitis and proctitis (1 case) and hyperthermia. Treat symptomatically as with epinephrine, antihistamine and possibly hydrocortisone. Aplastic anemia (1 fatal case), thrombocytopenic purpura, agranulocytosis and hemolytic anemia have occurred rarely, almost always in presence of known toxic agents. A few cases of leukopenia, usually transient, have been reported on continuous administration.
Meprobamate may sometimes precipitate grand mal attacks in patients susceptible to both grand and petit mal. Extremely large doses can produce rhythmic fast activity in the cortical pattern. Impairment of accommodation and visual acuity has been reported rarely. After excessive dosage for weeks or months, withdraw gradually (1 or 2 weeks) to avoid recurrence of pretreatment symptoms (insomnia, severe anxiety, anorexia). Abrupt discontinuance of excessive doses has sometimes resulted in vomiting, ataxia, tremors, muscle twitching and epileptiform seizures. Prescribe very cautiously and in small amounts for patients with suicidal tendencies. Suicidal attempts have resulted in coma, shock, vasomotor and respiratory collapse and anuria. Excessive doses have resulted in prompt sleep; reduction of blood pressure, pulse and respiratory rates to basal levels; and occasionally hyperventilation. Treat with immediate gastric lavage and appropriate symptomatic therapy. (CNS stimulants and pressor amines as indicated.) Doses above 2400 mg./day are not recommended.
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Letters to the editor

To the Editor:

The unsaturated chemical structure of benzene is responsible for both its toxic and its beneficial actions. Examples of both these activities are given below.

Benzene, C6H6, is the most used and the most abused drug in medicine. The benzene ring is the main active ingredient in all pain relievers, even narcotics, in all local anesthetic agents, in most tranquilizers, and in all antihistamines. Being the active ingredient in so many drugs, a patient may die from benzene poisoning if drugs containing it are repeated.

For example, a boy eight-years old, already toxic from some burns on the legs, on being given a preoperative dose for skin grafting of meperidine (Demerol) went into a convulsion. He was then given a dose of diphenylhydantoin (Dilantin) for the convulsion, after which he soon died. Each of these two drugs contains two molecules of benzene. We should never use or prescribe a drug without a knowledge of its chemical formula (if such is known) as given in *Merck's Index of Drugs* and in AMA publications. Also, in writing a prescription, we should always use the generic name of drugs.

Michael Faraday, 1791-1867, the inventor of the electric motor, discovered benzene in 1825. One hundred years later, in 1925, benzene had become so important and so famous that chemists held a special meeting celebrating its discovery.

Let us take a look at the chemical structure of this remarkable compound of carbon and hydrogen. Carbon (C), element #6, is in the second period and is the first element in the fourth family or group of elements in the periodic table.[1] all of which have four valence electrons. In its nucleus carbon has six protons and six neutrons. Circulating around the nucleus are six electrons in two shells. In No. 1 shell are two Is electrons; in No. 2 shell are two 2s and two 2p electrons. According to periodic law, carbon avidly seeks 4 more P electrons to be complete, have 8 valence electrons. But in benzene only three of these vacancies are filled; it is unsaturated. Chemists at first figured that there was a double attachment between every other carbon atom. But a recent theory is that each carbon atom has an electron from #2 shell that is loose, that six free electrons circulate rapidly around the ring, giving it a resonance.

In the PKU disorder it is the benzene in phenylalanine that causes the permanent mental deterioration of the brain of the child. Aniline, C6H5NH2 is more toxic than phenol, C6H5OH. Why? Because N, being a rather inert element, is more easily detached from a C atom than is the oxygen in phenol, thus leaving pure benzene to poison or attack tissues. For the same reason, acetanilide is more toxic than phenacetin or aspirin. And chloramphenicol is one of the most toxic of the antibiotics; the NO2 in it is easily detached from the benzene. Also, two chlorine atoms make it toxic. In 90% solution phenol attacks and destroys tissues and cells.

The most universally used drug containing benzene is acetylsalicylic acid or aspirin. Taken internally, it has the following main actions due to *benzene*: (1) antiseptic; (2) antipyretic (reduces fever); (3) anesthetic; (4) diaphoretic; and (5) a tranquilizing, sedative effect. Ten grains of aspirin buffered with an alkali (as CaCO3) taken at bedtime, along with a hot drink and a hot bath, is one of the best cures for the common cold. But many children have died from benzene poisoning by eating candied aspirin!

After giving her daughter penicillin for a day, a woman living six miles away recently asked me to see the patient, 17, with a sore throat, temperature 103°. I told her "Until I arrive, give her 10 grains of buffered aspirin; let it dissolve on the tongue." When I arrived 1½ hours later, she opened the door and said, "I've been trying to get you on the phone to tell you not to come. Her temperature is normal and the sore throat is gone."

Benzene, often more or less saturated, is in an amino acid (as phenylalanine) and in hormones such as thyroxin. The penteno-phenanthrene nucleus, which has a saturated 5c compound and three linked saturated benzene molecules, is in cholesterol,[2] in all male and female hormones and in all the adrenal cortex hormones.

By attaching alkyl radicals to benzene as in the cresols (hydroxy toluenes) we reduce its toxicity and increase the antiseptic power. By putting one or two nitrogen (N) atoms in the ring, as in sulfadiazine, we impair its resonance and reduce the toxicity. Halogens attached to benzene make it more toxic, as C6H6Cl6. In many drugs a benzyl radical attached to a carbon or other atom is easily detached and therefore such "compounds" are made more toxic.

The need for more knowledge concerning the toxic action of benzene is accentuated by the thousands of new drugs containing it that are today being created by pharmaceutical companies.

REFERENCES

1. *Elements of the Universe* by Seaborg, published by Dutton & Co., has a very good periodic table (Price $1.25).

2. See *Merck's Index*, 1968, P. 253.

JOHN R. FRANK, M.D.
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The Journal
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Supervised by THE COUNCIL
Volume 63 — January 1970 — Number 1

A new type of tomography increases the resolution of bony detail in the temporal bone by five times.

A Valuable Aid to Diagnosis of Ear Disease--Hypocycloidal Polytomography

*J. WILLIAM WRIGHT, JR., M.D.**
*CLIFFORD C. TAYLOR, M.D.***
Indianapolis

A knowledge of the pathological processes at work within the temporal bone is essential for the successful solution of ear disease. In many instances after a critical and accurate overall appraisal of the history and clinical findings, further information is needed to arrive at a correct diagnosis. It is at this point that hypocycloidal polytomography may often be definitive in demonstrating the diagnosis and of inestimable value in planning the therapy.

Conventional x-rays are of limited value in examination of the ear. In an attempt to reveal the minutia within the temporal bone, upward of 30 specialized projections have been described. Having 30 specialized projections advocated to study one bone is somewhat comparable to having 30 treatments for one disease, and the connotation is the same; namely that none are truly effective.

The usual x-ray examination of the mastoid, even utilizing special projections, has many shortcomings such as distortion and magnification. The most important disadvantage, however, is the blurring of details in the plane of interest by those structures both above and below this plane.

To minimize this deficiency various types of tomography have been used, but it was not until 1950 that a machine was designed to utilize the so-called hypocycloidal movement. This unique movement of tube and cassette is five times as efficient in dispersing the blur of over- and underlying structures as is linear tomography. The resultant picture is therefore five times as clear and sharp.

Utilizing this technic we can now obtain clinically accurate information concerning details of the ossicular chain; the status of the round and oval windows and footplate of the stapes; the course of the facial nerve and the morphology of the internal auditory meatus. We are also able to delineate more exactly the presence or absence of cholesteatoma as well as the extent of the lesion.

We can predict whether or not dural exposure is present and whether there is a fistula of the semicircular canals. The presence or absence and type of congenital anomaly may be seen as well as the course of small fractures involving the cochlea, and the precise location of radio-opaque foreign bodies. The extent of large fractures of the temporal bone can be seen, as well as the amount of destruction by tumors or neoplasm. More recently it has become increasingly important to be able to visualize the position of radio-opaque prostheses placed in the ear for improvement of hearing and here polytomography has no equal.

Cerebellar Pontine Angle Tumors

The internal auditory meatus can be studied more completely in both the AP and lateral views with hypocycloidal polytomography, than with conventional roentgenography. The magnification is a constant 1.3

* From the Wright Institute of Otology, Inc., Community Hospital of Indianapolis, Inc., Indianapolis 46218.

** Roentgenologist-in-Chief, Community Hospital of Indianapolis, Inc., Indianapolis 46218.

enabling precise measurements to be made on the resulting film for comparison with known normals and with the opposite or uninvolved side. The entire internal auditory meatus may be examined in both directions in serial sections placed as close as 0.5 mm. apart. Alterations in the conformation of the canal, the porous acousticus and the crista falciformis are usually apparent, even when small tumors are present and well before any associated cranial nerves are involved. Posterior fossa myelography with one and a half cc. of radio-opaque material done with the polytome will reveal tumors down to a few mm in size.

Figure 1 is a right AP view through the internal auditory meatus showing an acoustic neuroma distorting the architecture of the mid-portion of the internal auditory canal.

Facial Paralysis

Among the common causes for seventh nerve paralysis could be listed chronic ear infection with or without cholesteatoma; head injury with fracture; surgical injury and Bell's palsy. Tumors either of the seventh nerve or those originating in adjacent structures not infrequently will impinge on the seventh nerve sufficiently to cause malfunction.

The course of the seventh nerve can be clearly seen in most polytomes in both the AP and lateral projection. Figure 2 is a right AP view showing clearly the exact site where

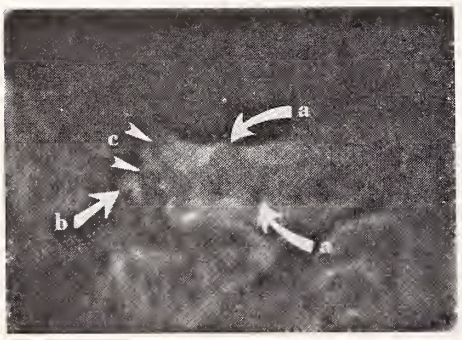

FIGURE 1
ACOUSTIC neuroma (AP view). (a) Eighth nerve tumor in internal auditory canal; (b) incus; (c) superior and lateral semicircular canals.

FIGURE 2
FACIAL paralysis due to cholesteatoma (AP view). (a) Facial nerve eroded by cholesteatoma; (b) huge cholesteatoma; (c) stylomastoid foramen.

a huge cholesteatoma has eroded the bony facial canal producing facial paralysis.

This information is invaluable in pinpointing the site of the lesion. In a similar fashion the exact point of damage can be determined in surgical injury, fractures and tumor formation.

Skull Fracture

In conventional roentgenography it is difficult to follow the extent of large fractures through the temporal bone, whether they be longitudinal or transverse. It is frequently impossible to visualize hairline fractures. Both these conditions are well seen in the usual polytome examination. Figure 3 is a left lateral view of a 22-year-old fracture, sustained in an automobile accident. The fracture line is seen passing through the upper portion of the ear canal and ascending through the mastoid process to split the tegmen. This particular patient had had a draining ear since the accident with convulsive episodes. At operation, in addition to the fracture line and disruption of the tegmen, a 2 cm. temporal lobe abscess was found and drained through the chronically infected mastoid bone with an uneventful recovery.

Ossicular Chain Disruption

Decreased hearing following skull fractures is not always due to cochlear damage. It has become increasingly apparent that many of these hearing losses are due to disruptions or dislocations of the ossicular chain which have been produced by the force of the injury. Since a high percentage of these can be surgically corrected and hearing restored it is necessary to visualize the details of the malleus and incus quite thoroughly in any case of traumatic deafness. Figure 4 is a lateral view in such a case showing obvious separation of the malleus and incus with posterior-inferior displacement of the incus. In this particular case it was possible to simply replace the incus in proper position and obtain normal hearing.

Details of the anatomy of the ossicular chain are also important in chronic ear infection in estimating probabilities of a successful hearing rehabilitation through surgery. Figure 5 is a lateral view showing that the long process of the incus has been eroded or lost by action of the cholesteatoma. Thus, the surgeon knows ahead of time that in all likelihood some form of incus repositioning will be necessary when a tympanoplasty is attempted and a more realistic prognosis can be given prior to surgery. While hearing restoration may be quite socially adequate following such a procedure, one cannot be as optimistic about obtaining completely normal hearing as when the entire ossicular chain is intact.

Fistula

It should be well known that all dizziness is not due to disease of the

FIGURE 3
COURSE of fracture through temporal bone (lateral view). (a) Site of temporal lobe abscess through fractured tegmen; (b) fracture line through mastoid; (c) fracture line through posterior ear canal wall.

FIGURE 4
DISRUPTED ossicular chain following head injury (lateral view). (a) Malleus; (b) incus displaced posteriorly and inferiorly; (c) horizontal semicircular canal.

inner ear or labyrinth. However, when true rotational vertigo and staggering are symptoms in the presence of chronic ear infection, fistula formation in the horizontal semicircular canal should be suspected. Figure 6 is a right AP view in which it is clearly evident that the bony covering over the lateral horizontal semicircular canal is completely missing. When such a finding is present it may not only explain the dizziness complained of, but extreme caution must be used in suggesting a favorable prognosis regarding hearing restoration through surgery.

Of course a poor prognosis with regard to hearing rehabilitation does not negate the necessity for surgery to prevent the development of serious intracranial complications which can occur in the presence of fistula.

Otosclerosis

Five distinct reasons for polytomography in otosclerosis have been observed.

I. It is possible to estimate the thickness of the otosclerotic process involving the footplate in otosclerosis. Since extremely dense footplates are more difficult to remove with a resultant lower success rate, a more accurate evaluation of possible hearing improvement can be made when this condition is known. If the round window is found to be closed by otosclerosis, it is probably better to not operate since presently available technics have given poor results in this situation.

II. Conditions other than stapes footplate fixation can often be discovered. For example the diagnosis of the conductive loss may be due to ossicular chain disruption rather than stapedeal fixation. Also another condition which can be seen on the polytome is malleus fixation. This usually occurs because of formation of a pyramidal sheet of bone extending from the anterior-superior attic wall to the head of the malleus. When this exists a more lateral operative incision than the usual stapedectomy approach is indicated.

III. Middle ear abnormalities such as a facial nerve which overhangs the oval window in such a position as to render access to the footplate difficult can sometimes be anticipated.

IV. With increasing frequency it is important to ascertain the position of a previously placed radio-opaque prosthesis to determine if it is still attached to the long process of the incus or if perhaps the prosthesis itself extends too far into the vestibule through the oval window.

V. Otosclerotic foci in the cochlea may be visualized, thus revealing the true etiology of an otherwise unknown neurosensory hearing loss.

Congenital Anomalies

Alleviation of deafness due to congenital anomalies of the ear constitutes the greatest surgical challenge of present day otology. The polytome is invaluable in assessing the condition of the inner ear, middle ear and the external ear canal, as well as the

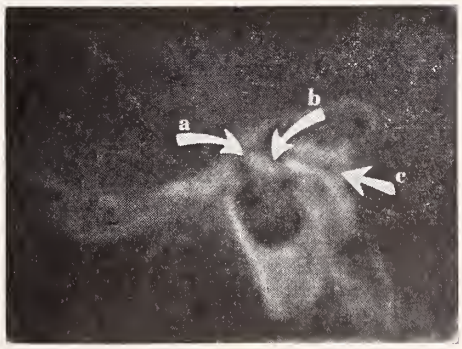

FIGURE 5
DESTRUCTION of incus by cholesteatoma (lateral view). (a) Malleus intact; (b) incus with long process eroded; (c) horizontal semicircular canal.

FIGURE 6
FISTULA of horizontal semicircular canal (AP view). (a) Fistula of right horizontal semicircular canal; (b) cholesteatoma.

course of the facial nerve and condition of the ossicular chain.

It is of course well known that variations in the course of the facial nerve occur with the greatest deviation and frequency in congenital anomaly cases. Completely bizarre and unique pathways for the seventh nerve, including bifid nerve and tripartate nerves are not uncommon in such instances. For this reason alone if hypocycloidal polytomography is available surgery should not be attempted on the congenital ear without such a preoperative work-up.

In addition to the very important details of facial nerve anatomy emphasized above, it is most enlightening to be fairly certain about the near normalcy of both the inner ear and ossicular chain and middle ear space before attempting correction.

Conclusions

1. From the brief and incomplete examples given in the body of this paper it can be appreciated that hypocycloidal polytomography is a valuable aid in the diagnosis of all ear disease and in some instances is practically indispensable.

2. Conventional roentgenography of the temporal bone does not reveal many of the most important structures of the temporal bone in sufficient detail. ◄

The Wright Institute of Otology, Inc.
Community Hospital of Indianapolis, Inc.
1500 N. Ritter Ave.
Indianapolis 46218

Barium Sulfate Into the Heart from Extraperitoneal Rupture of the Rectosigmoid

RICHARD J. NOVEROSKE, M.D.*
Princeton

THE patient, a 72-year-old white woman, had passed about a pint of blood from the rectum just before admission and was in shock. Her hemoglobin was 6.6 grams percent.

The patient was given one pint of blood; her hemoglobin rose to 8.6 grams percent; her appetite improved; she gained strength; no further bleeding occurred. A digital rectal examination was negative. No sigmoidoscopy was done.

To find the cause of the bleeding, a barium enema examination was ordered. One done about twelve weeks before had been normal (Figure 1).

At fluoroscopy, six days after admission, I saw and spot-filmed a tapered obstruction in the rectosigmoid (Figure 2).

To reduce the apparent volvulus, I used increased hydrostatic pressure. I raised the enema can from less than two feet to 34 inches from the bottom of the can to the table top. I applied this pressure for two to three minutes, in the dark, without any reduction of the obstruction.

I then found the patient dead. She could not be revived.

Post-mortem films were made immediately of her abdomen and chest (Figures 3, 4, and 5). These films showed barium sulfate in the pelvic veins, the vertebral venous plexuses, the common iliac veins, the inferior vena cava and the right side of the heart. Some extraperitoneal barium could also be seen in the soft tissue next to the rectum. No intraperitoneal barium was seen.

I could not get permission for an autopsy.

Comment

Rupture of the colon in the presence of disease has been reported before, and from reading and conversations I have learned that it can occur with relatively low pressure. Keeping the bottom of the enema can below three feet clearly is no guarantee of safety.

While rupture is less likely with a lower hydrostatic pressure, a higher enema can with more pressure seems more likely to overcome obstruction.

A matter of judgment is involved; the radiologist weighs the risk of increased pressure against the risk of the surgical procedure he is trying to obviate. In this case the patient and I lost. ◄

FIGURE 1

THE sigmoid colon is normal 12 weeks before the fatal examination.

FIGURE 2
THE rectosigmoid now has a tapered obstruction.

* Radiologist, Gibson General Hospital, Princeton, Ind., and the Clay County Hospital, Flora, Ill.

FIGURE 3
THERE is extraperitoneal barium near the rectum, in the pelvic veins, iliac veins, and in the inferior vena cava.

FIGURE 4
THERE is also barium in the vertebral venous plexuses and the right side of the heart.

FIGURE 5
ANOTHER view of the barium in the inferior vena cava and the right side of the heart.

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Certain skin diseases have been shown to be benefited by occlusive topical steroid therapy. A new method of application was studied directly without a control study.

Investigative Study of Flurandrenolone Tape in a Series of Ambulatory Outpatients*

F. M. SELLERS, M.D.
Mishawaka

THE application of occlusive topical therapy in certain dermatological diseases has been shown to be effective. Methods of use have usually involved a cream application and a plastic covering. A method of greater patient convenience and acceptability has been made available by the use of a transparent adhesive tape containing flurandrenolone acetonide in the surface of the tape.[1] A concentration of 4 mcgm/cm^2 of the corticosteroid was supplied. A double-blind study was not attempted.

Individuals with a history of sensitivity to tape were excluded. An effort was made to confine the tape application to those diseases which normally might expect benefit from occlusive steroid therapy. These were essentially lesions of a localized nature. Most cases were patients with long-standing, chronic disease, who had received virtually all accepted therapies during the course of their illness. All were private ambulatory office patients. Application was demonstrated for each patient and the package instructions were reinforced by repetition. Applications were limited to 12 hours. Each patient was personally evaluated as to the following:

1. Objective and subjective improvement
2. Ease of application and acceptability of regimen
3. Side effects
4. Comparison of the tape program with previous therapy

In this series the tape was used on 15 patients. Although a double-blind study was not attempted, patients were encouraged, where reasonable and practical, to use the tape on some lesions and topical flurandrenolone (without occlusion) on others.

DISTRIBUTION OF PATIENTS

Disease	Patients
Psoriasis	9
Lichen simplex	2
Lichen planus	1

TABLE 1

Results of Study

All patients reported some improvement, with most patients expressing enthusiasm and satisfaction.

There were two reports of adverse reactions to therapy. One patient reported mild stinging and burning; a second complained of folliculitis, particularly at the margins of the lesions.

From this short series, without control study, no truly definite conclusions are possible. However, the acceptance by the average subject was good; the patients were pleased by results and the ease and manner of application. Several patients with florid psoriasis lesions felt the film of tape tended to conceal the lesion from view. As reported in larger series and more closely controlled studies, the tape is effective in the treatment of localized lesions of certain dermatoses.[2] There are certain side effects, usually minor, which would accompany any type of occlusive dressing.

Summary

Flurandrenolone tape is of value in the conditions for which topical steroids are of benefit and where tape can be used.

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* The Cordran Tape used in this study was provided by E. Linn Jones, M.D., Eli Lilly and Company. Generic and trade names of drug: Cordran Tape-Flurandrenolone, Lilly.

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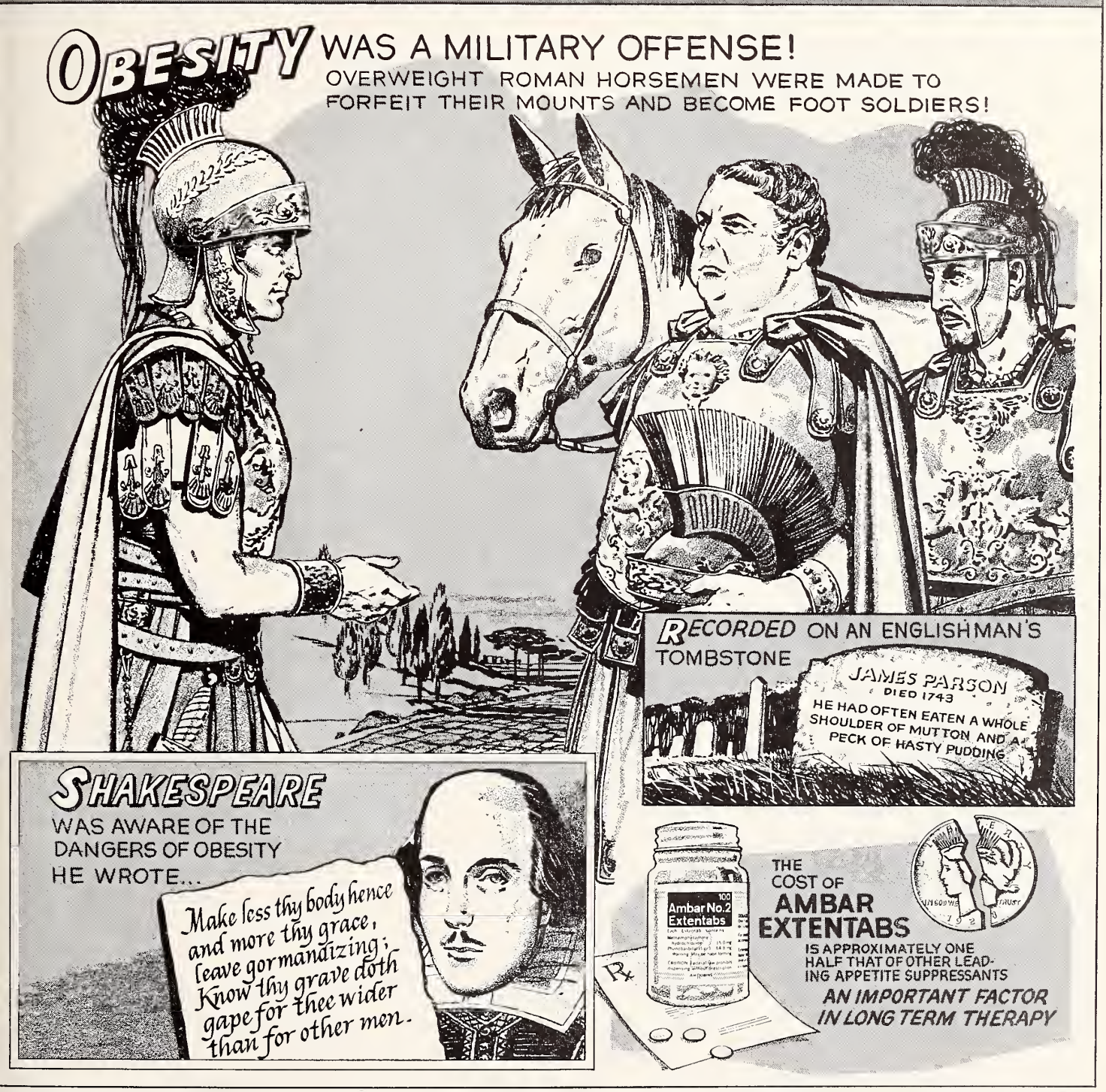

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Transvenous pacemakers may be installed with little risk and with great advantage in debilitated patients with heart block and other bradycardias.

Implanted Transvenous Pacemakers: Experiences With 50 Patients

HARRY SIDERYS, M.D.
JOHN N. PITTMAN, M.D.
RICHARD CAMPBELL, M.D.
WARREN COGGESHALL, M.D.
JACK HALL, M.D.
RICHARD SCHUMACHER, M.D.
DOUGLAS WHITE, M.D.
*Indianapolis**

CONTINUOUS cardiac pacing has become a standard form of therapy for patients with atrioventricular block and other causes of symptomatic bradycardia. An important advance in this field occurred when the feasibility of totally implanted transvenous pacemakers was demonstrated by Chardack and others.[1,2,3,4] This approach, referred to as endocardial pacing, spared this aged group of patients the rigors of the thoracotomy necessary with insertion of epicardial pacemakers and, in addition, could be efficiently performed under local anesthesia. In the three years between April, 1966, and February, 1969, we have treated 50 patients exclusively with permanent transvenous pacemakers.

The safety of this procedure, particularly when compared to the thoracotomy approach, allowed us to treat every patient who had an indication for permanent pacing regardless of age or debility. Patients with current myocardial infarction were treated when indicated by temporary rather than permanent pacing.

* From the Department of Cardiovascular Surgery, Methodist Hospital, 1604 N. Capitol, Indianapolis 46202.

Technic

The operative procedure is carried out in the cardiac catheterization laboratory. In the past, prior to thoracotomy for insertion of epicardial pacemakers, temporary transvenous pacemakers were placed. This step has been eliminated as the permanent transvenous pacemaker can be implanted on an urgent basis if needed.

The endocardial electrode is inserted through a cut down on the external jugular vein on either side, although on occasion we have employed the internal jugular and the cephalic vein with good results. After the catheter has been properly positioned by the cardiologist, the threshold of stimulation is determined by attaching the electrodes to a temporary pulse generator. If more than 1.5 milliamperes are required to capture the heart, repositioning of the electrodes is indicated. When satisfactory pacing results, the catheter electrode lead is secured to the vein or surrounding tissues by silk ligatures and is passed through a tunnel to the site of generator implantation. A Penrose rubber drain loosely tied over the electrode lead facilitates its passage through the tunnel and protects the insulating silastic sheath during this manipulation. The catheter is then attached to the generator which is implanted in the prepared pocket on the anterior chest wall (Figure 1).

Results

Fifty patients (30 males and 20 females) were treated by implantation of permanent transvenous pacemakers. Sixteen of these received fixed rate pacemakers, while 34 received demand pacemakers. Patients ranged in age from 44 to 89 with an average patient age of 73. The commonest problem associated with the use of transvenous pacemakers is the necessity of remanipulation of the endocardial electrode in the postoperative period. Eight of our patients (16%) required remanipulation; five because of failure of the heart to follow the generator and three because of distressing diaphragmatic stimulation. This is comparable to the experience of Parsonnet[5] and Furman.[6]

Four patients developed wound hematomas which responded to aspiration or resolved without treatment. Although the pacemaker generator was relocated in one patient with a hematoma, removal was unnecessary. One patient had wound-

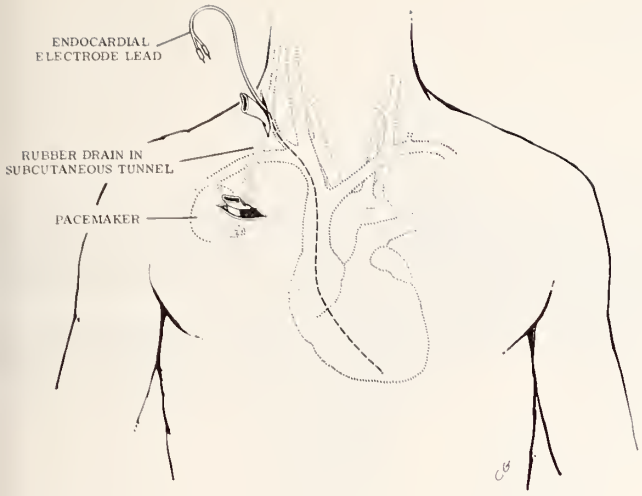

FIGURE 1

breakdown after the development of a seroma exposing the generator. Introduction of a new pacemaker, via a different site, resolved this problem. One patient, who was originally treated for rare Stokes-Adams episodes, developed an infected wound with septicemia one month after implantation. The pacemaker was removed with rapid resolution of the wound infection and septicemia.

There was one postoperative death in an 82-year-old male in severe congestive failure with hyponatremia and bradycardia due to sinus arrest. He expired a few hours after insertion of his pacemaker, although it was apparently functioning satisfactorily.

Four deaths have occurred in the 12 month period (one to 11 months) after pacemaker insertion. Only one death was attributed to the pacemaker. In this patient the pacemaker apparently failed to pace satisfactorily and he suddenly expired five months after insertion. Postmortem examination revealed the silastic had cracked and tissue fluid had surrounded the metallic portion of the electrode, rendering it functionless. This was the only mechanical failure we recognized in this group.

In spite of the 16% remanipulation rate, all surviving patients with pacemakers are pacing satisfactorily. In addition, all demand pacemakers are functioning well. No pacemaker has fired when the patient's rate was above a predetermined, preset rate, nor failed when the patient's rate fell below this level. Stimulation of the left diaphragm by the pulse generator occurred in three patients and in each case was terminated by partial withdrawal and reintroduction of the pacing catheter. One possible explanation of this is perforation of the right ventricle by the catheter with direct stimulation of the left phrenic nerve. While this may have been the case in one or more of our patients, there was never any clinical evidence of ventricular perforation either before or after remanipulation of the pacing electrode.

Five patients required "early" generator replacement for battery failure. A rise in pacemaker rate of more than 10% was used as a criterion of battery failure. This occurred in from nine to 25 months after implantation in these patients. No complications resulted from generator change. In those patients measured, there had been no increased electrode threshold during the interval involved. No instance of failure to pace because of breakage of electrodes was encountered.

Summary

Fifty symptomatic patients were treated with permanent transvenous pacemakers over a three-year-period. There was one immediate postoperative death and four deaths in the first 12 month period; only one death was related to pacemaker implantation. Sixteen percent of the patients required remanipulation of the electrode or a new procedure to produce satisfactory pacing. Four patients with hematomas, one with wound dehiscence and one with a wound infection were managed successfully and satisfactory pacemaker function maintained.

Implantation of permanent transvenous pacemakers, performed under local anesthesia, offers the aged and debilitated patient a reliable technic of permanent pacing with a low morbidity and very low mortality.

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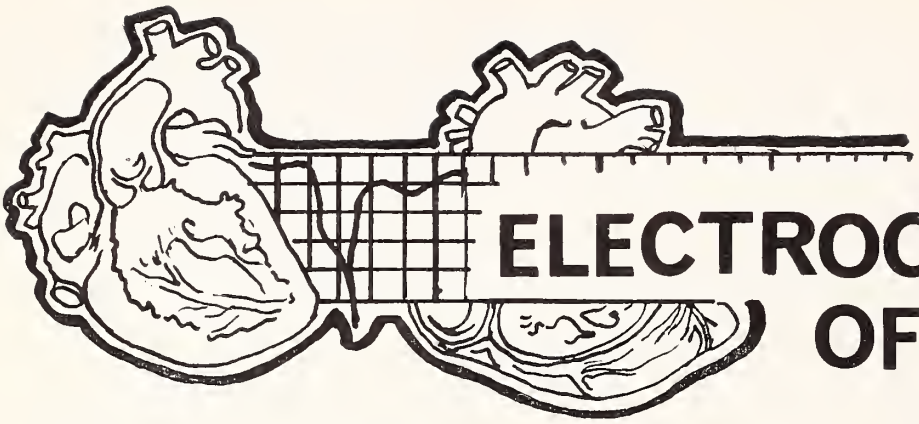


ELECTROCARDIOGRAM OF THE MONTH

Myocardial Infarction: Supraventricular Arrhythmias

CHARLES FISCH, M.D.
*Indianapolis**

ACUTE myocardial infarction is frequently complicated by various arrhythmias. Of the arrhythmias, the ventricular must be treated promptly because it may terminate in ventricular fibrillation. Supraventricular arrhythmias on the other hand, although they do not result in ventricular fibrillation, may reasonably, by the very nature of the accelerated rate, compromize the circulation and result in shock, congestive failure or further impairment of coronary circulation. The supraventricular arrhythmias are frequently variable in character but from the standpoint of therapy, the recognition of their supraventricular origin will suffice.

The accompanying figure demonstrates the multiplicity of supraventricular arrhythmias. The strips recorded on 7-17-69 are portions of a long lead II. ECG recorded on 7-15-69 is a control tracing and represents a current of injury in a patient with an acute myocardial infarction. Second strip demonstrates atrial flutter with a 2:1 block, strip 3 shows a normal sinus rhythm and atrial premature systoles are recorded in strip 4. Last two strips are continuous and demonstrate short runs of atrial fibrillation.

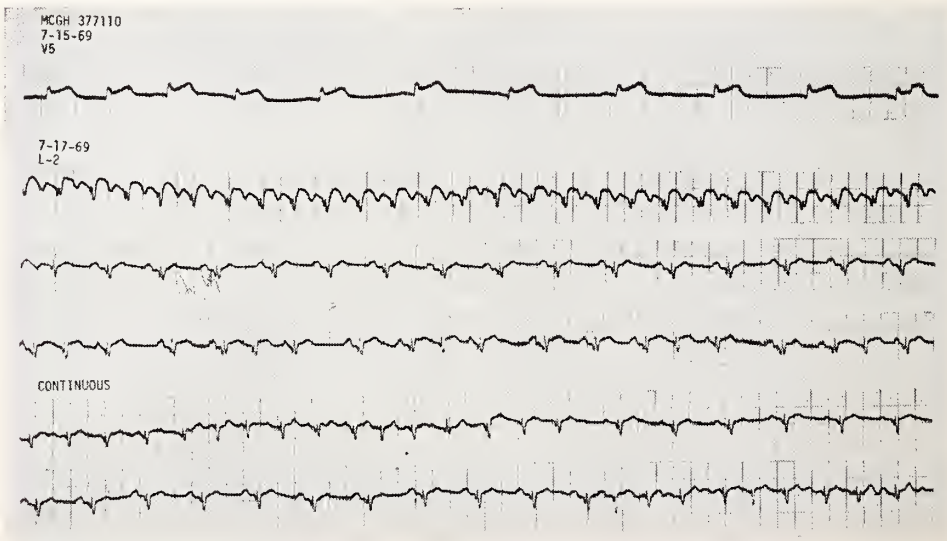
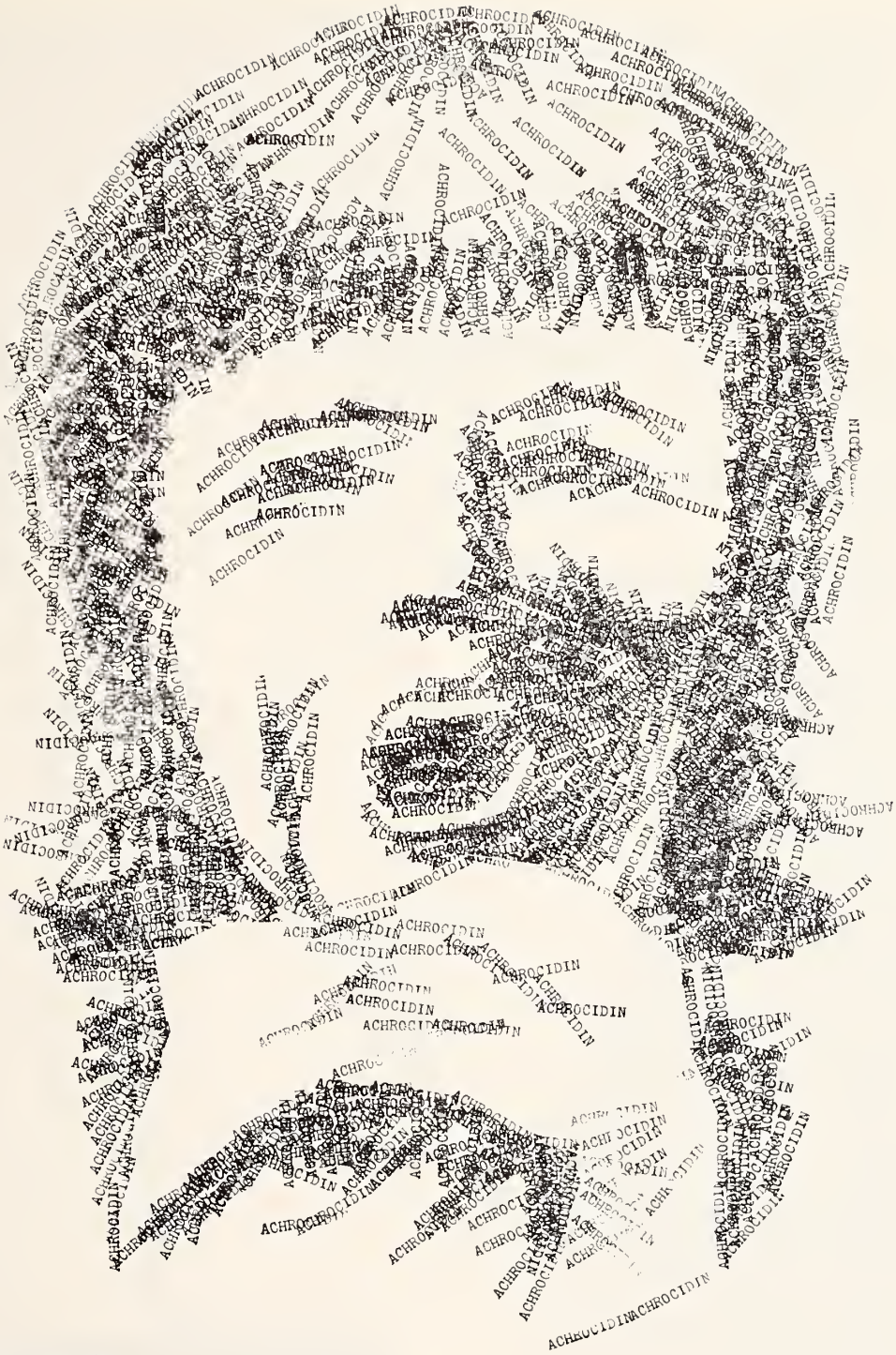


FIGURE 1
ACUTE myocardial infarction with supraventricular arrhythmias (for details, see text).

* From the Krannert Institute of Cardiology, Marion County General Hospital and the Department of Medicine, Indiana University School of Medicine, Indianapolis 46202.



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Warning: In renal impairment, since liver toxicity is possible, lower doses are indicated; during prolonged therapy consider serum level determinations. Photodynamic reaction to sunlight may occur in hypersensitive persons. Photosensitive individuals should avoid exposure; discontinue treatment if skin discomfort occurs.

Precautions: Drowsiness, anorexia, slight gastric distress can occur. In excessive drowsiness, consider longer dosage intervals. Persons on full dosage should not operate vehicles. Nonsusceptible organisms may overgrow; treat superinfection appropriately. Treat beta-hemolytic streptococcal infections at least 10 days to help prevent rheumatic fever or acute glomerulonephritis. Tetracycline may form a stable calcium complex in bone-forming tissue and may cause dental staining during tooth development (last half of pregnancy, neonatal period, infancy, early childhood).

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Arteriographic Assessment of Metastases to Nodes

ERICH K. LANG, M.D.*
Shreveport, La.

THIS 62-year-old white male was admitted to Confederate Memorial Center for definitive treatment of a hypernephroma. A nephrectomy of the right kidney had been undertaken in an out-of-town hospital, however, histopathologic sections of the specimen revealed the margins to contain tumor. The patient was therefore referred for radiation therapy or chemotherapy.

Clinical examination revealed an emaciated patient whose principal complaints were weight loss and hematuria prior to the preceding nephrectomy. Physical examination at the present admission revealed no significant abnormalities other than a healed flank incision presumed to have resulted from the nephrectomy. Laboratory findings showed an elevated sedimentation rate and evidence of blood loss anemia. The hemoglobin at the time of admission was 8.9 grams.

Chest roentgenograms revealed evidence of mild pulmonary fibrosis and emphysema, however, there were no suggestions of metastatic lesions. An upper gastrointestinal series and a barium enema failed to show any significant abnormalities other than diverticula. An intravenous pyelogram demonstrated a normally functioning left kidney. There was no evidence of metastatic disease.

A panarteriogram demonstrated an abnormal staining mass in the area of the right adrenal supplied from the subcostal, midadrenal and first lumbar arteries. A superselective injection of the transverse scapular artery on the left side demonstrated a densely staining tumor mass in the supraclavicular fossa (Figure 1). In retrospect, these nodes were palpable. The appearance was considered characteristic of metastatic hypernephroma. The most significant finding, however, was a metastatic lesion in the right frontal lobe demonstrated on the carotid arteriograms.

In view of the extensive metastatic disease, it was elected to treat the patient with nitrogen mustard and corticosteroids.

Comment

Panarteriography is a useful tool for the assessment of silent metastases of tumors that are readily demonstrable arteriographically. Hypernephroma metastases are not infrequently found in the contralateral adrenal, the contralateral kidney, the lungs, the brain, and in supraclavicular nodes. Lesions in the frontal lobes, in particular, may be silent unless their size causes increased intracranial pressure. The ability of the panarteriogram to ascertain the presence of such silent metastases may be used for triage of patients in a group for palliative chemotherapy and into a group warranting radical radiation and chemotherapeutic management. ◄

FIGURE 1
A SUPERSELECTIVE arteriogram of the suprascapular and transverse scapular arteries demonstrates a huge staining mass in the supraclavicular fossa. Puddling of dye and abnormal vessels are readily appreciated, suggesting a hypernephroma metastasis.

* Professor and Chairman, Department of Radiology, Louisiana State University School of Medicine in Shreveport, Shreveport, La. 71101.

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Guest Editorials

The Care Delivery System: Remade in Whose Image?

WHAT President Nixon said about the health care delivery system last June was not clear. A succession of events now gives the assertion definition, suggesting that the President knew exactly what he foresaw as a prognosis for the delivery system. That his diagnosis may be in error is rhetorical, because at the moment, nobody but Mr. Nixon is President of the United States.

In June, the President said that "we face a massive crisis in this area (health care delivery) and unless action is taken both administratively and legislatively to meet that crisis within the next two or three years, we will have a breakdown in our medical care system which could have consequences affecting millions of people throughout this country."

In an editorial the *Journal* said that "since President Nixon's characterization of the problem was not precisely defined, it is difficult to say exactly what he had in mind about administrative and legislative action" (The Delivery of Health Care: A System on Trial, *JMSMA* X:421-424 (Sept.) 1969). The definition has been given depth and scope by four prominent individuals: Nelson Rockefeller, Jacob Javitts, Walter Reuther, and Walter McNerney. Although they are not working together, this group cannot be described as a fan club of American Medicine. Some might be so bold as to wonder aloud if they wish us well. But this much is certain: They have every intention of remaking the health care delivery system in their own image.

Professor McNerney, president of the Blue Cross Association and a darling of liberal HEW Secretary Robert Finch, heads a task force on Medicaid. Now the secretary has asked Professor McNerney to study the matter of national health insurance. The secretary's charge contains the political euphemism "national" in lieu of "compulsory," because whatever anybody says about Secretary Finch, he is above all things Madison Ave. at its slickest.

Even Professor McNerney is already a little euphemistic himself. In a recent speech, he described financing for a national health insurance program as coming from "mandated contributions." If he means a tax on everybody, he could easily say so.

It may be that President Nixon, bending a little to the near-irresistible pressures upon the White House, has permitted the study. After all, the project lacks both Presidential endorsement and the blessing of the Congress. But it is disturbing to see the administration playing footsie with individuals and a line of thinking which would be much more at home with Hubert Humphrey than with Richard Nixon.

Then come Messrs. Rockefeller, Reuther, and Javitts, each accompanied by a familiar figure in shadows, Wilbur J. Cohen. Gov. Rockefeller is a long and staunch advocate of compulsory health insurance. He has unsuccessfully pursued his goal in the Empire State legislature, much in the manner of another liberal Republican governor nearly 20 years ago, one Earl Warren of California.

Gov. Rockefeller was the sparkplug of the action by the recent National Governors Conference in endorsing national health insurance, albeit via a questionable parliamentary route. He has advocated a tie with unemployment insurance where, you guessed it, the employer shells out.

Sen. Javitts is getting help from Mr. Cohen in drafting a bill for national health insurance. Trying a new tack, the Javitts bill would blow up and expand the role of Blue Cross and other major insurers by making them utilities oriented toward the consumer, not toward providers of care. Just how the senator will finance his plan isn't on the record,

but it is an odds-on bet that government and the employer will bear the burden.

Walter Reuther and his Committee of 100 are still in executive session, but their plan may take on the dimensions of the McNerney approach with "mandated contributions." Reuther's record of support for the Social Security mechanism inherent in Medicare is consistent and without deviation. And he, too, has the advice of Mr. Cohen.

Finally, AMA is not sitting on its hands. During the past three conventions, the House of Delegates has endorsed voluntary health insurance and prepayment financing through "tax credits." The proposal is neither new nor radical, because the oil industry has thrived on the incentive of tax credits in the depletion allowance. Major industry has depended on the 7.5% credit for capital plough-back into plants and production facilities.

Most observers feel that the AMA proposal may worm its way into White House thinking. Generally, it works like this: A family of four with a federal income tax liability of $300 or less would receive full credit for purchase of comprehensive health insurance from a commercial company or Blue plan. The coverage would have to measure up in quality.

Those earning more and consequently having a greater tax liability would receive progressively less credit up to top earners who might get as little as 10 percent on the cost of coverage.

Implicit in the plan, though at the moment unspoken, is the fact that it would wipe Medicaid off the law books. Carried to the logical extreme, it could do the same for Medicare.

All of this is to say that definitive proposals for remaking the health care delivery system are in the mill. Change *per se* is not objectionable, but change to an inflexible monolith in health care or anything else isn't good where the monolith replaces a flexible pluralistic system. We watch, worry, wait, and work with more than a little apprehension. Strange as it may seem to these giants of social planning, we are for the patient first and the system second. Monoliths by their very nature make themselves first and the individual second. Let it be hoped that everyone will strive for the day when the system works for us and we do not find ourselves working for the system.—**Roland B. Kennedy, Managing Editor,** *Journal of the Mississippi State Medical Association* **X:509, November, 1969. Reprinted with permission.**

"Cure" of Heroin Addiction

OVER 15 heroin addicts in Hawaii have been cured of their addiction to heroin, and over a dozen of them are employed now on a regular basis—an activity they could never afford before, since they needed anywhere from $100 to $1,000 a day to buy the heroin they had to have, and no jobs were available at such salary levels. Only prostitution, shoplifting, or robbery could provide for such needs.

These addicts have been cured by fighting fire with fire—by fighting narcotic addiction with addiction to another, different narcotic, one which is harmless, produces no wild swings from "high" to "sick" levels, costs only about 25¢ a day, and makes them immune to heroin, as well as eliminating any need or desire for it. The narcotic they take is methadone (Dolophine). They take it orally every day at the Queen Emma Clinic, under the supervision of Dr. Charles W. Stewart, Jr. and their urine is taken three times a week to be tested for drugs.

Methadone is a class A narcotic, a potent analgesic, known for over 20 years but used to "block" the effects of heroin only since about 1964. It is about as potent as morphine, but much more effective orally. An oral dose of 22 mg. is as effective as 10 mg. intramuscularly. A therapeutic dose is 10 mg. by mouth or 2.5 mg. by hypo.

Dole and Nyswander[2,3] have reported their results with its use in the management of heroin addiction. The results are impressive—88% cures in over 900 addicts, to date.[4] Addicts are hospitalized and given 5 to 10 mg. of methadone orally twice a day for one or two weeks; then either the morning or the evening dose is increased by 5 to 10 mg. every four to seven days, until 40 to 50 mg. twice a day is being taken. Then a gradual shift is made to a single morning dose, which must be taken indefinitely, just as a severe diabetic must take insulin indefinitely. The FDA hasn't gotten around to authorizing this use of methadone yet. An article in the current *New England Journal of Medicine* may help them to get started in this direction.[5]

It is surprising that patients are hardly ever lost from this program through their own defection from it, or through physical intolerance for the medication. What is downright astonishing, however, is the high rate of successful rehabilitation of these supposedly inferior individuals. Among the group treated by Dole and Nyswander, three-fourths of the addicts have become normal, socially productive citizens within six months of starting the treatment. This spectacularly high rate of successful restoration to normal behavior is causing the experts to take a new look at our theories of the cause of drug addiction. Addicts are thieves and liars, to be sure, but was this character defect the reason they became addicted, or was the addiction the cause of the character defect? It begins to look as if the truth lay nearer to the latter than the former.

At any rate, the John Howard Association, through its program director, Andy Lyons, has pioneered this method of treating heroin addic-

tion in Hawaii. Though the cost of medication is small, only about 25¢ a day, the patients are charged, for their own good and to support the program, $10.00 out of the total cost of $14.00 a week. Addicts, accustomed to paying $70.00 to $7,000 a week, do not find this unreasonable. The John Howard Association absorbs the difference.

The goal of the program is twofold—to get every known addict in Hawaii off his heroin or morphine and reintegrated into society as a productive citizen, and to find out as much as possible about what distinguishes addicts, on or off their narcotic, from nonaddicts, what causes addiction, and to what extent various supportive measures, in addition to the methadone, must be given credit for the successful results.

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Harry L. Arnold, M.D., Editor, *Hawaii Medical Journal* **28:473, July-August, 1969. Reprinted with permission.**

Drug Abuse

THE new school year has barely begun, and already we are stunned to learn of increased drug traffic . . . particularly within the ranks of Indiana students. Last week's incredible story of a drug laboratory and supply center for dispensing these dangerous drugs more than displays the fact that this problem has again hit with full force . . . here in Indiana.

I am concerned. . .you *should* be concerned!

A year ago, following a special TV-13 report on drug abuse in Indianapolis, we urged the formation of a task force to formulate an educational program for parents and teachers alike to battle drug abuse.

Complicating the overall drug problem is the questionable status of the effects from marijuana. Conflicting reports on these effects have caused confusion, which in turn has created public apathy.

We urge the Congress to instruct the Surgeon General to initiate a research program that will, once and for all, fully detail the true effects of the use of marijuana, and then enact legislation in accordance with the findings of this research.—**WLWI-TV Editorial.**

Are Physicians Drug-Dumb?

DO physicians continue to prescribe certain drugs—year after year—even though these drugs are ineffective and/or unsafe?

I'd have to answer *Yes*—if I agreed with the Food and Drug Administration's recent stepped-up drive against drugs which practicing physicians have been prescribing for years.

FDA's drive—largely against the products of research-oriented companies—comes at a time when the federal government has announced that the National Institutes of Health is reducing its research grants. Such cuts threaten to close down a number of medical research centers. Certainly, this is *not* the time to pull the rug out from under pharmaceutical companies that—the record shows—have been pioneers in research.

Or . . . could it be that the FDA is 100% correct and the nation's doctors are not familiar with the drugs they prescribe? I find it hard to believe that a physician would continue to use drugs—year after year—*if these drugs did not help his patients.* Yet, in net effect, that's what the FDA says has been happening.

I don't believe that doctors are drug-dumb! My vote of confidence goes to the nation's practicing physicians and their experience with drugs!—**Irving Rubin, R.Ph., Editor,** *Pharmacy Times,* **November, 1969. Reprinted with permission.**

Editorial Notes . . .

The accidental death rate for women has increased by one-third since 1958, largely but not entirely, due to increased automobile fatalities. Motor vehicle accidents are responsible, according to Metropolitan Life, for about four-fifths of the accidental deaths in white females at ages 15 to 24, and for more than half in other age groups. Only cardiovascular diseases and cancer account for more deaths than accidents.

The Shamrock Hilton Hotel in Houston is specializing in the accommodation of patients, their families and their doctors, who come to the Houston Medical Center. The post of Medical Center Reservations Director has been created to smooth the way for out-of-town medical visitors.

Employers Insurance of Wausau announces the creation of a "total approach" behavioral-medical control program to assist policyholders in the areas of alcoholism, mental and emotional illness, drug abuse and other related behavioral problems. The major focus of the program will be entirely separate from treatment. It will focus directly on vital supervisory functions which

must be accomplished by the policyholder-company's line management organization. Early recognition of the problem will be stressed.

The National Research Council is recommending that all ambulances in the U.S. have flashing blue lights, orange crosses and a white body with orange trim and black lettering. The Council's Committee on Ambulance Design also suggests that, in addition to the word ambulance under the orange crosses which appear on the roof, rear, sides and front, the word should also appear on the front of the vehicle in mirror image for proper reading via rear view mirrors in the traffic ahead. Another good idea is that no vehicle should be designated as an ambulance unless it is staffed and equipped to cope with medical emergencies outside a hospital.

New regulations on the sale of certain cough syrups and other medications such as paregoric have been proposed by the Bureau of Narcotics. The Pharmaceutical Manufacturers Association has announced its support of the stricter controls, since the pharmaceutical companies have been concerned with problems of drug abuse for some time. The new requirements are that: (1) sales be made only by registered pharmacists, (2) purchasers under age 18 would have to have a prescription, (3) purchasers must provide suitable identification and pharmacists must record the names and addresses of purchasers, and (4) set quantity limitations on the amount sold are prescribed for any individual within a 48-hour period.

A high potency, highly purified concentrate of antihemophilic factor (AHF) for use in hemophilia has been developed by the Red Cross. The concentrate contains some 40 to 100 times as much AHF as does an equal volume of blood. The plasma from which AHF is extracted may be used as a source of albumin, gamma globulin or other plasma elements. The AHF concentrate is stable and can be stored at refrigerator temperature for prolonged periods without loss of potency.

The price of drugs is falling each year but not because of actions of the federal government. When Parke-Davis submitted "Adrenalin in Oil" for new product approval in 1938 a small folder of 27 pages contained all the data required to support the petition. In 1962 "Norlestrin" required 31 volumes for a total of 12,370 pages. In 1968 the "Ketalar" new drug application consisted of 167 volumes comprising 72,200 pages.

An engineer of the Technion—Israel Institute of Technology has announced a unique lightweight artificial arm having six movements which may be operated by electric impulses derived from muscle contraction. The arm weighs 13 ounces. Electrical muscle impulses control the release and flow of gas under pressure to pneumatically power the arm movements. Two private British charity funds—the Lady Hoare Thalidomide Appeal and the Goudie Trust—supported the research work.

The pharmaceutical industry, in contrast to other industries, pays almost the entire bill for its research from its own pocket. The pharmaceutical research expenditure for 1969 will be more than $566 million. Industry contributes 98.5% of this, the government 1.5%. Another illustration of the research contribution states that the drug industry will spend 11.4% of its sales dollars for research and development, while the all-industry average is 2%. Despite increased industry expenditures, however, the number of basic discoveries continues to drop. This year will see the lowest number of new drugs cleared in any recent year. ◄

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Lounge Talk

LLOYD L. HILL, M.D.
Peru

WHERE in the world has Spiro been all these years? Suddenly there appears a man named Agnew who momentarily, at least, restores a faint glimmer of hope for our republic. This courageous man should inspire all men of logic to tenaciously adhere to the principles of calm deliberation of debatable issues within the framework of our Constitution. While I do take exception to many of the recent policies of organized medicine, rest assured my purpose in voicing dissenting opinion is to protest calmly, rationally, and with tenacity in hopes that the ultimate result will be a stronger and more cohesive organization. The AMA was privileged for one term of office to have as its president a most dynamic and competent spokesman in Dr. Edward R. Annis. Organized medicine and the free world, nevertheless, are in dire need of more leaders of the caliber of Dr. Annis and Spiro Agnew.

My judgment of our medical leadership is that it is rather naive and too malleable in its principles. Physicians, by and large, have simply been too busy and politically discouraged to be bothered with the nearly futile task of influencing organized medicine to more effectively preserve the principles of freedom in medicine.

Conceded, our medical spokesmen are concerned with the insidious bloodletting being worked upon our private practices of medicine. They even give rather impressive arguments supporting their actions attempting to prevent or curtail these encroachments. However, in rebuttal I submit that any action, no matter how logical out of context, when it is replaced in the full context of life itself, such an action remains a wise one to take.

Herein lies the fallacy of many of the recent policies of organized medicine. We have been deceived for many years by the clever antics of our social planners; i.e., the hacking away at our close ally—the drug industry. While organized medicine remained oblivious, our patients innocently listened to the late Senator Estes Kefauver undermine their confidence in a most essential tool of our profession—the drugs we dispense or prescribe. The drug industry was unmercifully intimidated by the protagonists of centralization of power. The latter are determined to control the entire medical profession and they selected its most essential ancillary industry—the pharmaceutical manufacturers—as a starting point in their "up periscope" vendetta. The drug industry now is hamstrung by ridiculous red-tape and is virtually under direct control of our Federal government. This event occurred without any support given the drug industry by organized medicine. Before our government intervened, the drug industry had a nearly impeccable reputation and a keen competitive spirit upon which rested the continuing evolution of more effective drugs. This is not so true today, as reputation depends upon catering to the capricious whims of expedient politicians and competitive spirit depends upon that corporation which can best convince the medical czars in Washington its product will do all things good and no things bad. I'd wager a certain grave in Tennessee would rattle vociferously if its inhabitant only knew the chaotic, hamstrung and resulting inflationary effects created by his crusade! What credentials do our social planners possess that qualify them nearly as well for the gargantuan task of assuring efficacy as well as safety of drugs as the thoroughly tested and proven free enterprise system? From the past performances of Billy Sol Estes, Adam Clayton Powell, Sherman Adams and other men of similar notoriety in Washington, it shakes one's confidence to the bone to realize such individuals, through design or naivete, would even have an opportunity to place a stamp of approval or dissapproval upon the drugs which we administer. Perhaps it isn't fair to insinuate that men of such caliber comprise anything more than a small percentage of our elected and appointed officials in Washington, but it is a fact that those who are there obviously are virtually immured to legal recourse.

During all this debacle, the clever left-leaning politician in Washington mesmerized organized medicine by publicly attesting to the virtues of the busy and dedicated practicing physician who, through the pressures of his busy schedule, was being deceived into using dangerous drugs unwittingly by a "profit motivated" pharmaceutical industry. We purred like kittens. We must not spoil our public image! These must have been the thoughts of our leadership in organized medicine at that time.

Now that the liberals have securely bound our drug industry in chains, they are singing a different tune. Instead of a lullaby, they now sing the battle song of intimidation, leveling their big weapons squarely at us. Consider the alleged Medicaid and Medicare improprieties by the medical profession. These laws are entirely the responsibility of the liberal establishment who gave birth to them. By their very nature these same laws are certain to invite impropriety by any physician greedy enough to take advantage of them. Indeed, I fear we do have among us some who are subject to the human weakness of avarice! Again free enterprise with its checks and balances helps keep such human weaknesses minimized more effectively.

When will organized medicine ever become aware of the shadowy game that is being played by the quasi-truth hucksters in Washington? Their

chicanery is exposed when one looks at such a current issue as "Regional Planning." The liberals latch upon a vital necessity of the practice of medicine and espouse its virtues long and loud enough to create the illusion to the public that it was their original idea. During all this carnival they quietly and deceitfully affix it with vicious little barbs perverting its purpose from one of improvement in medical care to one of bringing medical practice under direct government control.

Who would deny that medical facilities must be well coordinated in this era of complexity, mechanization and computerization which is yielding such dramatic results in medicine today? How could anyone oppose "Regional Planning?" This is the appeal we hear from too many quarters in organized medicine. However, some pertinent details go unmentioned. The barbs are the requirements that prescribe that the majority on the "planning commission" be non-medical in vocation and the threat of withholding all funds rightfully the property of any medical community refusing to subscribe to the plan. Odiously clever as it is, "Regional Planning," in its complete context of life loses any resemblance to common sense and logic. Even so, I hear our leaders in organized medicine crying loudly for physicians to give their support to this scheme. Gentleman, it is a mirage! I would suggest that organized medicine formulate a sane "Regional Plan" of its own and tenaciously adhere to it, ignoring all other deceptive ideas to bring the practice of medicine under the mailed fist control of our "Wonder Workers in Foggy Bottom." We await such vitally needed action by the leadership of organized medicine. To date, it appears they unwittingly pay lip-service to deceptive plans to turn the practice of medicine, lock, stock and barrel over to the demagogues in Washington.

In closing, I quote C. S. Lewis "—We were all playing Tiger in the pit, you see, and a real one, unbeknownst to us, got in and ate us up." ◄

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The Woman's Auxiliary

REPORTS TO ISMA

"Accent on Youth" has been the theme of the AMA Woman's Auxiliary for the past two years. In accord with them, we in Indiana have paid special attention to the health problems of children and youth and the whole spectrum of family life.

Auxiliaries have sponsored programs and projects to inform the public on such subjects as proper nutrition, detection of emotional illness in young children, prenatal care and care of the newborn, early immunization against disease and poison prevention.

County auxiliaries also cooperate with groups such as mental health associations, schools, PTA's and church groups in disseminating information to parents as well as young people, in regard to such problems as drug abuse, teenage venereal disease, family relationships, the abuse of alcohol, and the emotional problems of the adolescents.

In visiting county auxiliaries I have found that the members are all aware of the need to help educate young people and their parents, community leaders and the public at large to the tragic consequences of the increasing drug abuse peril.

The auxiliary program on drug abuse has two goals: 1.) to alert the community to the growing threat of drug abuse as it can affect the community, and 2.) to study the present incidence of drug abuse in each community.

Involvement in this program is especially paramount to us as physician's wives. We are finding that it is not easy to develop an effective community program to combat drug abuse, but the consequences of doing nothing may ultimately be much more severe.

If you are asked by an auxiliary member or a lay person to participate in "Operation Drug Alert," please remember that the voice of a physician knowledgeable in the physiological and mental hazards of "drug abuse" is the most authoritative.

Sylvia Schneider

Barbara Putnam said safety belts made her feel strapped in.
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The position of the pelvis in the living when the figure is erect, may be approximately represented by placing it so the anterior iliac spine and the symphisis pubis lies in the same vertical plane. The plane of the inlet of the true pelvis is represented by a line drawn from the base of the sacrum to the upper margin of the symphisis pubis, forming with the horizon an angle of 55 to 65 degrees. A line carried at right angles with this at its middle would correspond at one extremity with the umbilicus and at the other with the middle of the coccyx. It is interesting to note that the line of gravity of the head, which passes through the middle of the odontoid process of the axis, bisects a line drawn transversely through the middle of the heads of the thigh bones.

While a technical description of the anatomic variation between the male and the female pelvis is not necessary for the purpose of this paper, it may be interesting to recall that the female pelvis is lighter in its construction than that of the male; its surfaces are smoother and the indications of muscular attachments less marked. In the female pelvis the iliac fossae are broad and the spines of the ilia widely separated. The inlet and the outlet are larger, there is less prominence of the sacral promontory, the spines of the ischia project less, thus rendering the cavity more capacious.

In considering the various types of fractures of the pelvis, we must recall that the bony ring is composed of two ossa innominata and that each innominate bone is made up of three portions, the ilium, ischium, and pubes. Fractures of this bony ring are either single or multiple, depending on whether one of more bones are broken. The most frequent fracture is that of a single bone which may or may not involve the pelvis. A multiple fracture is usually considered as one which passes through the bony ring in two places as the pubis and sacrum or the rami of the pubis on both sides or similar combinations. If the line of fracture passed through the pubis above and the corresponding ramus of the ischium below, this would be through the obdurator foramen and would be considered as a single fracture of the pelvis because the pelvic ring is broken only at one place . . . . "Some Fractures of the Pelvis," Charles Haywood, M.D., Elkhart, *JISMA*, January, 1920.

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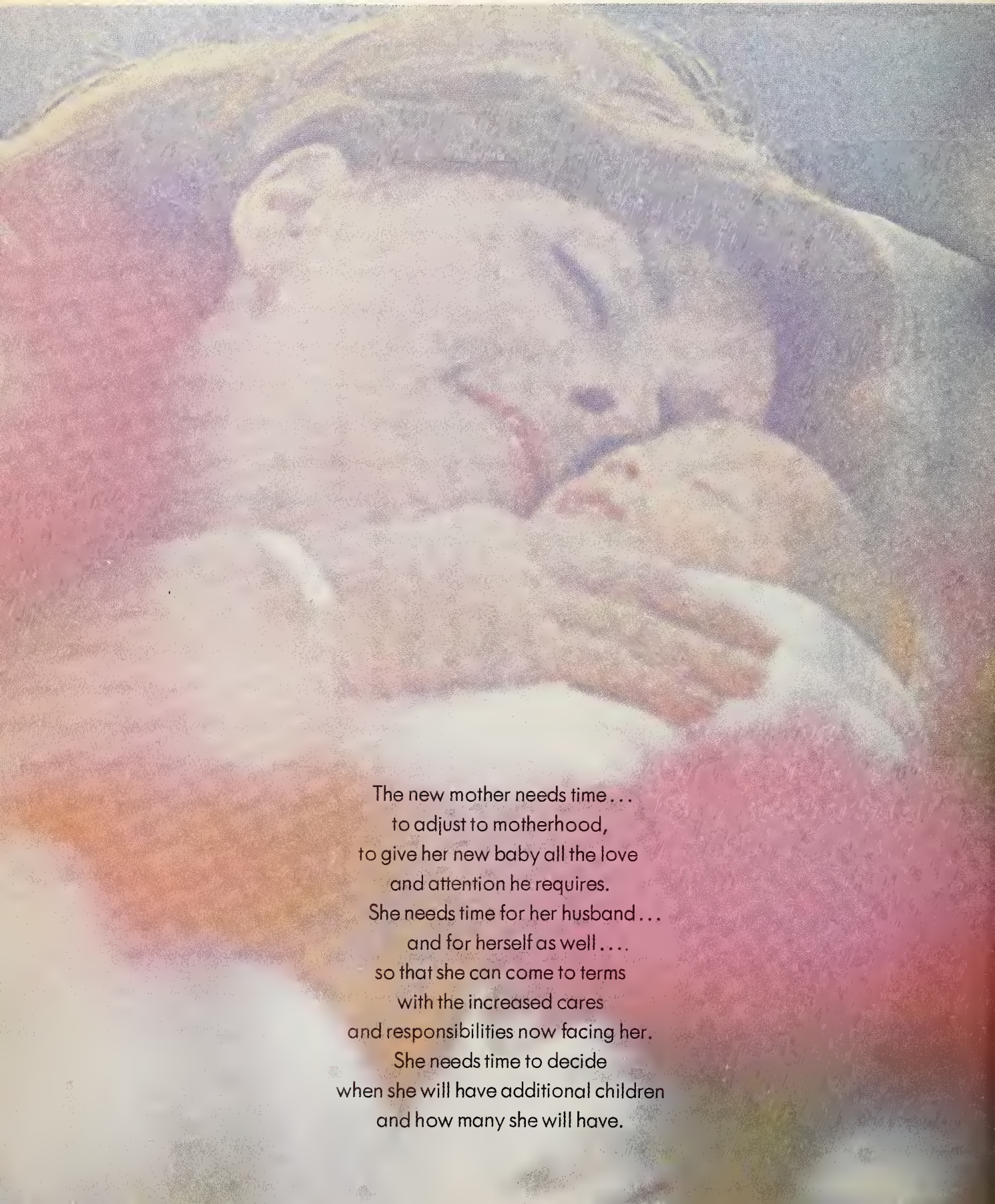

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A small fraction of the hormonal agents in oral contraceptive pills has been identified in the milk of mothers receiving these drugs. The long-range effect on the nursing infant cannot be determined at this time.

Indication—Oral contraception.

Contraindications—Thrombophlebitis, thromboembolic disorders, cerebral apoplexy or a past history of these conditions, markedly impaired liver function, known or suspected carcinoma of the breast, known or suspected estrogen-dependent neoplasia, undiagnosed abnormal genital bleeding.

Warnings—Watch for the earliest manifestations of thrombotic disorders (thrombophlebitis, cerebrovascular disorders, pulmonary embolism, retinal thrombosis); if present or suspected discontinue the drug immediately.

British studies reported in April 1968[1,2] estimate there is a seven- to tenfold increase in mortality and morbidity due to thromboembolic diseases in women taking oral contraceptives. In these controlled retrospective studies, involving 36 reported deaths and 58 hospitalizations due to "idiopathic" thromboembolism, statistical evaluation indicated that the differences observed between users and non-users were highly significant. The conclusions reached in the studies are summarized in the table below:

Comparison of Mortality and Hospitalization Rates Due to Thromboembolic Disease in Users and Non-Users of Oral Contraceptives in Britain.

Category	Mortality Rates		Hospitalization Rates (Morbidity)
	Age 20-34	Age 35-44	Age 20-44
Users of Oral Contraceptives	1.5/100,000	3.9/100,000	47/100,000
Non-Users	0.2/100,000	0.5/100,000	5/100,000

No comparable studies are yet available in the United States. The British data, especially as they indicate the magnitude of the increased risk to the individual patient, cannot be applied directly to women in other countries in which the incidences of spontaneously occurring thromboembolic disease may differ.

Discontinue medication pending examination if there is sudden partial or complete loss of vision, or sudden onset of proptosis, diplopia or migraine. Withdraw medication if papilledema or retinal vascular lesions are found.

Since the safety of Ovulen in pregnancy has not been demonstrated, it is recommended that pregnancy be ruled out for any patient who has missed two consecutive periods before continuing the contraceptive regimen. If the patient has not adhered to the prescribed schedule the possibility of pregnancy should be considered at the first missed period.

A small fraction of the hormone agents in oral contraceptives has been identified in the milk of mothers receiving these drugs. The long-range effect on the nursing infant cannot be determined at this time.

Precautions—Pretreatment physical examination should include special reference to the breasts and pelvic organs, and a Papanicolaou smear.

Endocrine and passibly liver function tests may be affected by Ovulen. Therefore, it is recommended that such tests if abnormal be repeated after the drug has been withdrawn for two months.

Pre-existing uterine fibromyomas may increase in size under the influence of progestagen-estrogen preparations.

Because these agents may cause some degree of fluid retention, conditions which might be influenced by this factor, such as epilepsy, migraine, asthma, cardiac or renal dysfunction, require careful observation.

In breakthrough bleeding, and all irregular vaginal bleeding, consider nonfunctional causes. Adequate diagnostic measures are indicated in undiagnosed vaginal bleeding.

Carefully observe patients with a history of psychic depression and discontinue the drug if severe depression recurs.

Any possible influence of prolonged Ovulen therapy on pituitary, ovarian, adrenal, hepatic or uterine function awaits further study.

A decrease in glucose tolerance has occurred in a significant percentage of patients on oral contraceptives. The mechanism of this decrease is obscure. For this reason, diabetic patients should be observed carefully while receiving Ovulen.

Because of the effects of estrogens on epiphyseal closure Ovulen should be used judiciously in young patients in whom bone growth is not complete.

The age of the patient constitutes no absolute limiting factor, although Ovulen therapy may mask the onset of the climacteric.

The pathologist should be informed of Ovulen therapy when relevant specimens are submitted.

Adverse Reactions—A statistically significant association has been shown between use of oral contraceptives and the following serious adverse reactions: thrombophlebitis, pulmonary embolism.

Although available evidence is suggestive of an association, such a relationship has been neither confirmed nor refuted for the following serious adverse reactions: cerebrovascular accidents, neuro-ocular lesions, e.g., retinal thrombosis and optic neuritis.

The following adverse reactions are known to occur in patients receiving oral contraceptives: nausea, vomiting, gastrointestinal symptoms (such as abdominal cramps and bloating), breakthrough bleeding, spotting, change in menstrual flow, amenorrhea during and after treatment, edema, chloasma or melasma, breast changes (tenderness, enlargement, secretion), change in weight, changes in cervical erosion and cervical secretions, suppression of lactation when given immediately post partum, cholestatic jaundice, migraine, allergic rash, rise in blood pressure in susceptible individuals, mental depression.

Although the following adverse reactions have been reported in users of oral contraceptives, an association has been neither confirmed nor refuted: anovulation post treatment, premenstrual-like syndrome, changes in libido, changes in appetite, cystitis-like syndrome, headache, nervousness, dizziness, fatigue, backache, hirsutism, loss of scalp hair, erythema multiforme and nodosum, hemorrhagic eruption, itching. The following laboratory results may be altered by oral contraceptives: hepatic function: increased sulfobromophthalein and other tests; coagulation tests: increase in prothrombin, Factors VII, VIII, IX and X; thyroid function: increase in PBI and butanol extractable protein bound iodine, and decrease in T^3 uptake values; metyrapone test; pregnanediol determination.

References: 1. Inman, W. H. W., and Vessey, M. P.: Brit. Med. J. 2:193-199 (April 27) 1968. 2. Vessey, M. P., and Doll, R.: Brit. Med. J. 2:199-205 (April 27) 1968.

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Remarks made at the ISMA President's Dinner, Indianapolis, October 15, 1969.

Pride in the Past—Faith in the Future

OTIS R. BOWEN, M.D.
Bremen

It is indeed a pleasure to share a few minutes and a few words with you. I do bring you greetings from the House of Representatives.

President Corcoran in his kind and flattering invitation for me to speak a few minutes tonight gave me great leeway as to a topic. I felt such a talk should be short, have a message and issue a challenge. Successfully combining those three attributes is difficult. I can only promise the first—that it will be short; the other two prerequisites will be a matter of judgment.

I am fortunate in having two different angles of approach. Being Speaker of the Indiana House of Representatives and representing you as citizens and not as doctors, and being a Trustee of the ISMA and representing you as doctors and not as citizens, demands that I approach these few remarks boldly but cautiously—probably with more caution than boldness.

I would like to spend a few moments on a topic very much in existence these days, especially today, the day of moratorium on Viet Nam—one that exists statewide, nationwide and worldwide. This deals with the impatience of youth as concerns our present-day problems and the need of our generation to listen—not necessarily to give in to all or any of their demands, but certainly to listen; and at the same time express a few positive ideas for reasons for pride in our past and reasons for faith in the future—points that are too seldom mentioned and too often neglected.

From a review of the problems and the activities of 1968—in fact, for the entire 1960's—which must be tabbed the "decade of dissent" one would be tempted not to thank God for his blessings but to ask his guidance for the 1970's—which, if we are to survive in an orderly society, must be labeled as the decade of decision.

I firmly believe, in spite of so many people saying otherwise, that each new generation is an improvement over the previous one.

This generation of youth is the best educated, the best informed and the most intelligent yet. There are the long-haired, the untidy, the radical whose behavior and appearance are newsworthy because of their oddities; but this minority group has not invested enough in life nor contributed enough to society to be in a position to charge a whole nation with moral bankruptcy. It is hoped that with further exposure to knowledge and further association with the problem solvers and that with more experience, their attitudes towards society will improve.

A Better Generation

Each succeeding generation is better because the preceding one, in spite of its inadequacies, has supplied it with the best possible facilities and an explosion of knowledge that it must learn.

There are many critics; some responsible and some irresponsible.

The responsible critic must understand how change is brought about, find the key points of leverage, identify the alternatives that will work and then measure their work by results.

The irresponsible critic tries to define the problem to suit himself and has no alternatives. Here is where some of our more militant protestors are at fault.

A decade ago we saw the silent generation quietly leaving the universities and high schools to earn a living.

Today we have the involved generation which is interested in the problems of our society. They are interested in civil rights, in poverty, in hunger, in the education of our poor, in job retraining and in partisan politics. We must welcome this generation's thoughts and contributions in these areas.

Students and other youth though must remember that, in spite of our inadequacies, we have today in this nation more equality in the law, more honesty in politics, more ethics in science, more people employed, fewer people hungry and more intense dedication to our problems than at any previous time in our history and in any other nation in the world.

Our progress may be too slow for the impatience of youth, but it is being done for the most part in good faith.

Cautiousness in our advance is no justification for wholesale denouncement or destruction.

At the entrance at the Justice Department in Washington, D. C., is carved a simple maxim to which we must adhere:

> "Law alone gives us freedom; where law fails, tyranny begins."

It is O.K. and necessary to enumerate our faults—but it is also O.K. and necessary to draw attention to the wonderful things for which we ought to be thankful.

Social Victories

For example, we have an absence of misery in most of America: 1) We have an absence of misery in the

number of children who don't die; 2) We have an absence of misery in the millions of marriages that are not barren; 3) We have an absence of misery in the tens of millions of once certain illiterates who can now read and write; 4) We have an absence of misery in the millions of Negroes now in the middle class; 5) We have an absence of misery in the number of children who go to kindergarten; 6) We have an absence of misery in the number of men and women who retire healthy and compensated at the age of 62 or 65; 7) And we have an absence of misery in the hundreds of thousands of farmers who own their own land and no longer have to sharecrop.

We tend to forget our social victories and tend to concentrate on problems that remain. We ought not forget our conquests: 1) That child labor has been eradicated (we have probably gone too far on this one); 2) That women once did not vote; 3) That women once worked at only menial tasks; 4) That suburbia is not a curse word; 5) That slums are coming down; 6) That prosperity is not a thin hollow shell; 7) That poverty is curable.

In the past 50 years in my lifetime, traced decade by decade, our society has ended two world wars, has beaten off a savage depression of the 30's, has helped rebuild a shattered world and created, even with admitted inadequacies, as healthy and wealthy a nation as ever existed.

This is a nation that promises much and that delivers many of its promises, but when it falls short of its world-shattering ideals, subjects itself to tough, stinging self-scrutiny and rebuke. This, of course, is what's going on now.

A government, like an individual, if useful, must have integrity and character. It must have a heart; it must have a conscience. It must have the respect of its people. It must promote individual incentive, individual initiative and individual responsibility.

It must promote the idea that a life worth living is an honest life, an unselfish life and one devoted to worthwhile ideals. It must promote the idea that there are battles worth fighting—the battles for justice and equality; the battle to keep our cities, our states and our nation free, in fact as well as in name; the battle to break the rings that strangle real liberty; the battle to cleanse our national lives of political, commercial and social corruption; and the personal battle, by example, to teach our sons and daughters the honor of serving our government at all levels.

We must not become old and resistant to change politically, in government and even socially. Irrespective of our actual age, we have to remain interested in new people, new things, new ideas, new events; we must remain curious, have a little enthusiasm for change—cautiously conceived but boldly carried out.

Listen and Learn

The younger generation, our college and high school youth, demands that we cautiously conceive but boldly carry out necessary changes.

Because they demand is no need to do exactly what they say, but we must listen and learn from them. It is true that they lack our experience; but they don't lack ideas and most of the ideas are good and current. These ideas are our by-product —coming from our children—our future leaders. Their numbers and political knowledge, their desire and enthusiasm are in the early take-over phase right now.

We must accept the fact that the young generation of today, prepared by the tremendous educational efforts of the past and the stimulation by our present youth, are a very inquisitive, a very daring and a very exploratory-minded group.

I have confidence that they will succeed if we don't hamper or stifle their enthusiasm.

I am equally sure that as they solve some of these problems, just as generations of the past, they will create new problems; and that in turn, there will be new goals to follow them. It is a never-ending quest.

So you see, I do have pride in the past and faith in the future. A nation or state that concentrates totally on the past and present will have no future. In statesmanship, as in everyday life, wisdom lies in the right division of resources between today's demands and tomorrow's needs.

In closing, permit me to tell you as a proud Hoosier, that I would like to see our state of Indiana be the very best in the nation.

I would like to see it become the state in which the smartest, the ablest, the best young families anywhere would like to live; a state that is open to persons of every race, color and opinion; one that makes them feel welcome and at home; a state that will offer its children the best education available; a state of strong, outspoken churches, of genuine cultural interests, of exciting opportunities for recreation; a state whose citizens themselves are well-paid and who will not tolerate poverty for others or slums in their midst.

No such state can be built unless its citizens are determined to make their state the best or without state and local governmental officials who work boldly ahead of the problems and are not always struggling to catch up.

Such progress is not inevitable and such growth is not guaranteed. It takes the desire and the determination—first of all by leaders and opinion makers like you, the physicians—and when this occurs, others will follow. ◄

Otis R. Bowen, M.D.
Speaker, Indiana
House of Representatives

Blue Shield Report to ISMA House of Delegates

(Following is the report to the House of Delegates of the Indiana State Medical Association made in October, 1969 by Glen V. Ryan, M.D., Chairman of the Blue Shield Board of Directors.)

This past year can best be described as a shakedown period devoted to absorbing procedural changes and eliminating bugs in new systems. Blue Shield ventured into several new systems during the year, and each resulted in delays and problems, but the solution of these problems should in each instance lead to greater efficiency in the years ahead.

Let's consider for a moment what we have accomplished, and what is yet to come.

First in terms of personnel and procedures, we have adapted to Medicare and to paying Medicare claims. At this same time, having been selected as the Medicaid carrier in Indiana, we are preparing to handle the Medicaid workload, with the program effective January 1. 1970. We have the capability of administering the program, the philosophy to keep the advantages to private enterprise predominant, and are ready for the task ahead.

Second, in April of this year we put into operation the new procedure of sending payments directly to the physician. This led to some major problems and irritating delays, but most of the bugs in this system have now been eliminated. Direct payment to physicians offers at least two significant advantages to us as physicians. It eliminates the possibility of forging the physician's signature, and eliminates delays in routing the check from patient to doctor. At the same time many members have indicated they like the new system, including the explanation of benefits they receive.

The third major procedural change, that of machine processing of claims, has resulted in serious problems that have proved to be extremely difficult to solve. However, Blue Shield is sure they will be solved and that despite today's problems eventually machine processing will lead to faster processing, fewer errors, and better service.

At the end of 1968 Blue Shield membership in Indiana reached an all-time high of more than 1.8 million, a net increase of 68,000 from the previous year. It is anticipated that by the end of 1969 we will pass the 1.9 million mark. Add in the more than two hundred thousand in the state eligible for Medicare and who are not Blue Shield members and you will find that presently we are serving more than two million persons. During the past five years regular Blue Shield membership—not counting government programs—has shown a net gain of more than 20%.

During 1968 we paid out more than $37 million for physicians' services—once again the largest amount ever paid in one year. It is estimated that our payout will pass the $40 million mark in 1969. Since organization, Indiana Blue Shield has paid out more than $300 million on behalf of our members. In 1968 we paid more than one million claims—our first year to go beyond the million mark.

In addition to our regular business, during 1968 we processed for payment more than 550 thousand Part B Medicare claims totaling almost $24 million. This was a 20% increase over 1967 activity.

Indiana Blue Shield's "usual and customary" approach to paying physician fees is referred to as the "Local County Program." This term, "Local County Program" originated with the passage of Resolution No. 26 by the Indiana State Medical Association. In general, this resolution resolved that Blue Shield be encouraged to market a program which would have no schedule of dollar allowances. It also resolved that county societies or regional groups of counties shall establish review committees responsible for reviewing, when necessary, unusual services or charges in light of "the going rate" concept for the locality. This now closely coincides with the latest report of the Board of Directors of the AMA which says: "The Board of Trustees strongly urges that peer review be assigned the highest priority by the state and county medical societies; that where these mechanisms exist, they be strengthened, and where they do not they be promptly established."

The "Local County Program" is planned so that Blue Shield members should receive no additional charge above the usual and customary fee unless the doctor advises the patient of an additional charge prior to rendering his service. This approach supports the principles of free enterprise and the physician's right to contract for any fee he feels is appropriate.

A large part of the success of Blue Shield's usual and customary program depends on the understanding and cooperation of the individual physician and the state and county medical societies.

Blue Shield benefits for many accounts were upgraded to "Local County Program," and presently 65% of all Blue Shield group membership now includes usual and customary charge provisions.

A new development in our benefit program is the initiation and marketing of prepaid coverage for prescription drugs dispensed outside the hospital. This coverage is already a part of auto company contracts for their employees and families, effective October 1, 1969. In Indiana this will immediately provide nearly a quarter of a million persons with this coverage. The new program, underwritten as a joint Blue Cross and Blue Shield project in Indiana, is being developed primarily by the Blue Shield staff.

Prescription drugs are virtually an untapped area of health coverage. Under the best coverage available, Blue Shield and Blue Cross paid only one-tenth of one percent of the $160,000,000 drug cost in Indiana last year. Once again Blue Cross and Blue Shield are leading the way in providing broader protection in the health care field. The next few years will probably see rapid growth in prepaid coverage of not only prescription drugs, but dental service, outpatient psychiatric care, vision care, psychological testing, and extended care.

On February 13 of this year ground was broken for the new Blue Cross and Blue Shield building, and since then construction on the 18-story office building and separate 11-level garage has moved ahead. The building will be owned by Blue Cross and space will be leased to Blue Shield. Completion date is late 1970.

The new building will allow Blue Cross and Blue Shield to bring together under one roof the operations and services which have spread to nine different locations during the past few years.

Both Blue Shield and the Indiana State Medical Association are agreed that comprehensive health planning should be channeled through professional groups. For that reason Blue Shield is providing the full-time services of two professional relations field men to the ISMA to help develop this planning in cooperation with local medical societies. We believe it is extremely important that physicians involve themselves in this planning program and lend guidance to it, to assure that the medical profession has a major voice in charting the future course of health care in Indiana.

The most significant change in professional relations during the period covered by this report was the addition of three field representatives and three clerks to our staff, making it possible to furnish more efficient service to physicians and their office assistants. Other changes included the use of hot-line telephones to solve problems more quickly through direct communication, and the publication of "News Capsule" furnishing helpful assistance to physicians' clerical personnel.

Other informational programs for physicians were continued. Dinner workshops for medical assistants throughout the state attracted over 3,500 medical assistants interested in gaining more information about Blue Shield benefit programs and claims procedures. In April of this year, some 350 Blue Shield Advisory Council doctors and their wives attended a two-day seminar held in Indianapolis. We also continued our series of dinner-workshops for interns and residents planning to practice in Indiana. More than 150 interns and their wives were present at these sessions. Professional relations also continued its close relationship with the Woman's Auxiliary to the Indiana State Medical Association.

Through the years much of the success of Indiana Blue Shield can be attributed to the support, guidance and counsel of Indiana physicians, who have given freely of their time, energy and experience. The physicians of Indiana have helped Blue Shield, and the Blue Shield has helped the physicians. With all the problems that are ahead of us it is more important than ever that this relationship of mutual help and understanding be continued. The events of the years immediately ahead will have much to do with shaping the future of both medicine and Blue Shield. Today the physician's role in relationship to Blue Shield is more important than it ever was before. ◄

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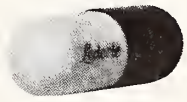

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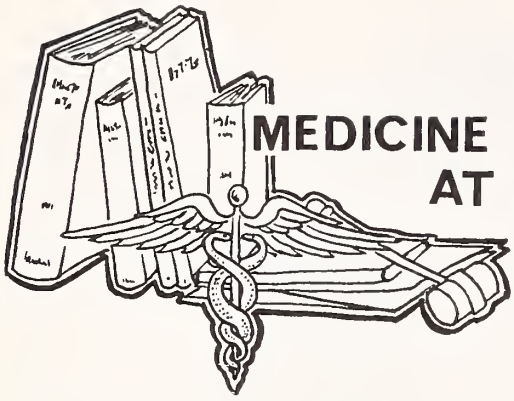

MEDICINE AT LAW

$1,500,000 Award for Brain Damage Upheld—A damage award of $1,500,000 against two physicians and a hospital in a suit by a patient who sustained extensive brain damage as the result of negligent postoperative care was affirmed by a Florida appellate court. The evidence was sufficient to support the jury's finding that the physicians and the hospital were negligent, and, in view of the extent of the patient's injuries, the damages could not be said to be excessive. The trial court did not abuse its discretion in permitting the patient to be brought into the courtroom on a stretcher for the purpose of demonstrating her inability to converse normally and to make certain motions.

A hemorrhoidectomy and a spot ligation of varicose veins had been performed on the patient while she was under spinal anesthesia. Two days later she went into a coma. Her brain is now severely damaged and she has numerous neurological disabilities. She contended that her injuries were caused by negligent postoperative care.

The evidence was sufficient to support the jury's finding that there was negligence on the part of the physicians and the hospital. There was substantial competent medical evidence that the patient was, contrary to accepted and proper medical practice, given several drugs in excessive amounts, the individual and cumulative effects of which were such as to reduce her oxygen intake to such an extent, and over a period sufficiently prolonged, as to cause her to suffer substantial brain damage, with resultant extensive permanent mental and physical impairment.

The trial court did not abuse its discretion in permitting the patient to be brought into the courtroom on a stretcher. Since she had brought the suit, she was entitled to be present. She was in the courtroom only a few minutes, during which time her expert medical witness, in illustration of his testimony as to her condition, was permitted to ask her certain questions to show her inability to speak or converse normally and to ask her to attempt certain motions to show her inability or limitations in such respects.

The physicians and the hospital contended that the damages awarded were excessive.

The patient was 35 years old when she received her injuries. She was married and had three children. She had a life expectancy somewhat in excess of 35 years. She is now a quadriplegiac and permanently bedridden. She is disoriented in time, and her thinking processes are disturbed. She will require medical and nursing care for as long as she lives.

Other than the size of the verdict, there was nothing in the record indicating that the jury, in arriving at the verdict, was influenced by passion or prejudice. The reviewing court said that, in view of the evidence as to the injuries and damages, and taking into account the trial court's approval of the verdict when asked to reject or reduce it on motion for new trial, it did not find that the verdict was such as to shock the judicial conscience or that it should be set aside because of its size.—*Talcott v. Holl,* 224 So.2d 420 (Fla., June 17, 1969; rehearing denied, July 25, 1969).

Physician Liable for Failure to Discover Neck Fracture—An Illinois trial court jury returned a $50,000 verdict against a physician in a suit by a patient for injuries resulting from his failure to discover that the patient's neck was fractured. The jury returned verdicts in favor of both the hospital in which the patient was treated and a second physician who x-rayed the patient when he was first brought to the hospital.

When the patient was brought to the hospital after a diving accident, he was suffering from paralysis of the right arm and neck pain. The x-rays taken by the second physician had laterals showing only through C5. They thus failed to disclose the fracture of C6.

The first physician, who was the attending physician, ambulated the patient until six days later, when new x-rays disclosed the fracture of C6. It was the patient's contention that the ambulation in the presence of the fracture bruised his spinal cord, causing residual injuries in his left leg.—*Huff v. Condell Memorial Hospital,* Cir. Ct., Lake Co., Docket No. 66-3751 (Ill., May 20, 1969).

Pantopaque is "Foreign Substance" Under Discovery Doctrine—A patient's suit against a physician and a hospital based on a charge that pantopaque was negligently left in his body after a myelogram was not barred by the two-year personal injury statute of limitations, an Illinois appellate court ruled. The patient claimed that he contracted arachnoiditis as a result of the pantopaque. The pantopaque was a "foreign substance" within the meaning of the statute which provides that the limitation period does not begin to run with respect to the

leaving of a foreign substance in a patient's body during a professional treatment or operation until the patient knows or should have known of the facts of hurt and injury to his body.

The myelogram was performed on September 19, 1963. In his complaint, filed on September 8, 1966, the patient alleged that he was unaware of the negligence of the physician and the hospital in leaving the pantopaque in his body until more than two years before this suit was commenced.

The physician and the hospital contended that the suit was barred by the statute which provides that a suit for personal injuries must be brought within two years from the date of injury.

The patient contended that the suit was governed by the statute which provides that, whenever in the course of a medical, dental, surgical, or other professional treatment or operation, any foreign substance other than flesh, blood, or bone is introduced and negligently allowed to remain within the patient's body, causing harm, the period of limitation for filing an action for damages does not begin to run until the patient actually knows or should have known of the facts of hurt and damage to his body.

In 1964, in *Mosby v. Michael Reese Hospital*, 199 N.E.2d 633 (*The Citation*, Vol. 10, No. 3, p. 48), an Illinois appellate court ruled that a patient's cause of action for the leaving of a surgical needle in her body during an operation accrued when she suffered the injury and not when the injury was discovered. The court there stated that it felt that the result was inequitable but that it was required by the wording of the personal injury statute of limitations. The legislature enacted the statute relied on by the patient in 1965.

The legislature's intent in enacting the statute was to adopt the "discovery" rule in professional negligence cases. If the legislature intended, as the physician and hospital contended, that the statute should apply only to cases in which sponges, needles, clamps, gauze, and like items are negligently left in a patient's body, it would have chosen different wording to express that intent.

This case comes within the statute's technical definition, as well as its purpose. "Any" means one indiscriminately of whatever kind. "Foreign" is an adjective modifying substance. "Other than" has been construed to create an exception. Since the pantopaque was a substance other than flesh, blood, or bone it was a foreign substance within the meaning of the statute.

The physician and the hospital also argued that the complaint was properly dismissed because, medically, it is seldom possible to remove the pantopaque completely, and, in fact, it might not be desirable to try to do so. This argument missed the point that the only pantopaque with which the complaint was concerned was that which was alleged to have been permitted to remain through negligence.—*Mathis v. Hejna*, 248 N.E.2d 767 (Ill., April 16, 1969).

No Liability for Death of Mother and Infant in Childbirth—A physician was held not liable when a woman to whom he administered pitocin to induce labor developed an embolism in the amniotic fluid and died, and her newborn infant, who suffered a brain hemorrhage, also died immediately after delivery. The embolism was unrelated to the physician's treatment and there was nothing he could have done to have prevented it, a San Francisco trial court ruled in a suit brought by the woman's husband and three minor children.

The family alleged that after the patient was admitted to the hospital, the fetal membranes ruptured although she was in false labor, so the physician administered pitocin for five days. They claimed that the physician was negligent in using the drug over such a long period and that he failed to diagnose possible toxemia. They also said that after the membranes ruptured prematurely, he should have performed a cesarean section.

The physician contended that the woman did not have toxemia and that the embolism was not caused by the administration of pitocin. He also said that either performing a cesarean section or inducing labor by use of the drug is considered an acceptable medical practice.—*Carson v. St. Mary's Hospital*, Jury Verdicts Vol. 13, No. 5, No. California, Docket No. 539697 (May 9, 1969).

Evidence Fails to Show Infection Caused by Hospital's Negligence—A hospital was held not liable in a suit by a patient who developed a staph infection, allegedly as a result of a nurse's negligent administration of an injection. The patient relied on the doctrine of *res ipsa loquitur*. However, because there was no evidence from which the jury could reasonably infer that the infection was caused by negligence, the appellate court upheld a reversal by the trial judge of the jury's verdict for the patient.

The woman was given a shot in May, and the next day her arm swelled in the area in which the infection first occurred. During June she was in and out of the hospital for the birth of a child and for eczema treatments. She did not complain about her arm. Hospital records indicated that on June 25 her arm had a sterile abscess with no suppuration. On June 29, the infection allegedly erupted on her arm.

Her own physician testified that, in his opinion, the staph infection was not caused by the injection, that there were many ways it could have entered the bloodstream, and that her scratching, due to eczema, could have made her more susceptible to infection. Evidence also showed that her husband had been near persons

who had the infection prior to the time she developed it.

The nurse said that she used the standard procedure in giving the shot. The occurrence of an infection is not enough to imply negligence, the court said; one can only speculate that the staph was a result of negligence.—*Rhody v. James Decker Munson Hospital,* 170 N.W.2d 67 (Mich., May 29, 1969).

Immunity for Hospital Rescue Teams—A new California law provides certain immunity for acts of rescue teams established by licensed hospitals or government-operated hospitals. Included are hospitals operated by the federal or state government, a county, or by the Regents of the University of California.

"Rescue team" means a special group of physicians and surgeons, nurses and employees of a hospital who have been trained in cardiopulmonary resuscitation and have been designated by the hospital to attempt, in cases of emergency, to resuscitate persons who are in immediate danger of loss of life.

No act of a rescue team committed while attempting to resuscitate a person in such circumstances shall impose any liability upon the hospital, the officers, members of the staff, nurses, or employees of the hospital, including members of the rescue team, or upon the federal or state government or a county, if the act is done in good faith.

However, a hospital is not relieved of any legal duty for the designation and training of members of a rescue team or for the provision or maintenance of equipment to be used by the team.—California Laws of 1969, Chapter 573, adding Sec. 1426 to the Health and Safety Code, July 22, 1969.

Wife's Loss of Consortium Held Not Compensable in Indiana—In an action for loss of consortium by the wife of an injured man, the Supreme Court of Indiana held that the wife had no cause of action against the person who negligently caused the injury.

Where a man is injured through the negligence of another, his injuries are actionable in his own suit for damages, but his wife cannot recover in her own right for her loss of his services and support. In answer to her plea that the denial of her suit was a violation of the Equal Protection clause of the Fourteenth Amendment of the Constitution, the court replied that it was a well-established principle of law that consortium rights of spouses are not co-extensive and that neither State nor Federal constitutions are violated by that view.

While recognizing the modern trend to give women equal legal rights, the court indicated that it could not presume to be a "barometer of public opinion."—*Troue v. Marker,* 249 N.E.2d 512 (Ind., July 15, 1969). ◄

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Each white tablet contains:
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Glutamic Acid .....100 mg.
Pyridoxine HCL .....5 mg.
Niacinamide .....75 mg.
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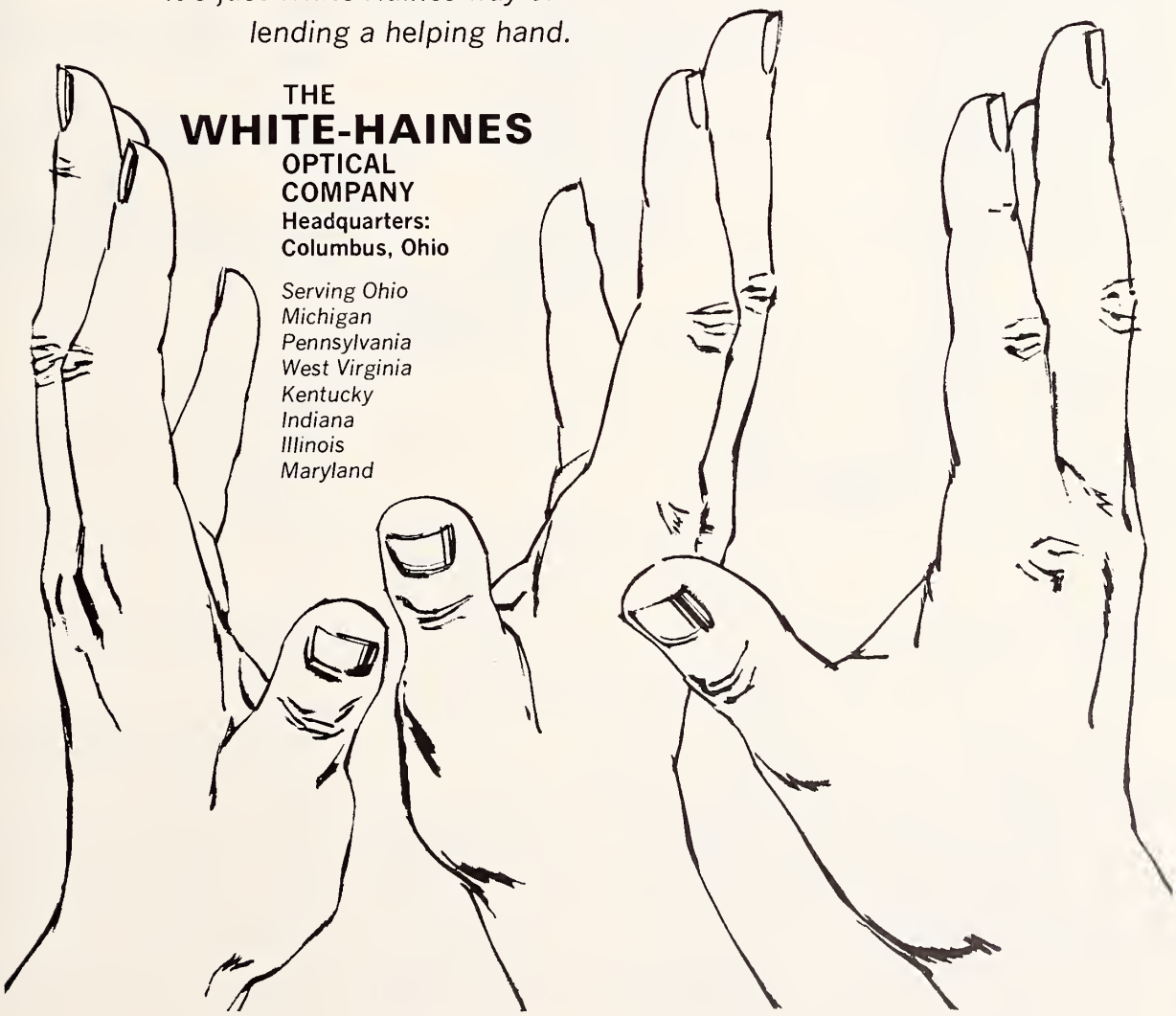

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MONTHLY REPORT—November, 1969

Disease	Nov. 1969	Oct. 1969	Sept. 1969	Nov. 1968	Nov. 1967
Animal Bites	626	890	913	666	616
Chickenpox	252	191	31	461	422
Conjunctivitis	74	86	74	94	36
Diphtheria	0	0	0	0	0
Dysentery, Unspecified	26	4	5	14	40
Gonorrhea	637	739	656	634	581
Impetigo	169	285	176	197	156
Infectious Hepatitis	62	70	46	60	69
Infectious Mononucleosis	84	89	36	106	82
Influenza	1076	870	588	1232	1005
Measles					
Rubeola	8	3	1	16	26
Rubella	67	75	26	59	21
Meningitis, Meningococcal	3	6	1	4	5
Meningitis, Other	1	7	3	6	11
Mumps	206	127	56	185	314
Pertussis (whooping cough)	6	7	8	13	18
Pneumonia	278	230	139	311	189
Poliomyelitis	0	0	0	1	3
Streptococcal Infections	556	564	333	551	697
Syphilis					
Primary & Secondary	48	38	39	34	28
All Other Syphilis	94	97	85	169	92
Tinea Capitis	2	16	3	6	21
Tuberculosis (active)	59	70	62	80	100

WANTED: Physicians Locations

GENERAL PRACTICE

Waiss, Elaine H., Elmwood Park 910, RR 1, Valparaiso, Ind. 46383—
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Walker, Robert M., P.O. Box 548, Greenfield, Ind. 46140—
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SPECIALISTS

Moster, Walter G., 1508 9th Ave., N.W., Minot, No. Dakota 58701—*Anesthesiology.*

Salas, Hilario B. Jr., 2720 W. 15th St., Chicago, Ill. 60608—*Anesthesiology.*

Bean, William J., 1608 S.E. 9th Ave., Rochester, Minn. 55901—*Dermatology.*

Guinigundo, Noli C., 912 Cereal Ave., Hamilton, Ohio 45013—*Industrial Medicine.*

Ziegenfus, Warren L., III, S. Mennonite Rd., Collegeville, Pa. 19426—*Industrial Medicine.*

Altman, Ruben, 507 W. Park St., Marshfield, Wis. 54449—*Internal Medicine.*

Bayazit, Lutfi Y., 1606 Fessenden Ave., Mt. Pleasant, Mich. 48858—*Internal Medicine.*

Fowler, Robert J., 825½ Rider St., Iowa City, Iowa 52240—*Internal Medicine.*

Shaw, Robert A., 1517 Smith Level Rd., Chapel Hill, S.C. 27514—*Internal Medicine.*

Whittier, Frederick C., 101 Keyway Dr., Nashville, Tenn. 37205—*Internal Medicine.*

Jovanovic, Dusan, 5715 S. Drexel Ave., Chicago, Ill. 60637—*OB-GYN.*

Ward, Richard H., 7820 Southfield Dr., Indianapolis, Ind. 46227—*Otolaryngology.*

Kalderon, Albert E., R.R. 3, Box 116-R, N. Scituate, R.I. 02857—*Pathology.*

Santana, Plutarco A., % Appalachian Regional Hosp., Williamson, W. Va. 25561—*Pathology.*

Drezniek, Philip, 100 W. 38th St., Kansas City, Mo. 64111—*Pediatrics.*

Fedor, T. A., 4525 W. 11th St., Little Rock, Ark. 77201—*Psychiatry.*

Frisbie, James H., 7123 Tulane, St. Louis, Mo. 63130—*Psychiatry.*

Gareeb, Kaleel G., 43 Caruth Ave., East Paterson, N.J. 07407—*Radiology.*

Abbasy, Iftikhar-ul H., 2951 S. King Dr., Apt. 1806, Chicago, Ill. 60616—*Surgery.*

Baxter, William D., 1909 S. Park Rd., Apt. C101, Kokomo, Ind. 46901—*Surgery.*

Cadsawan, Ireneo T., 474½ Walford Rd. #1, Warrenville Heights, Ohio 44128—*Surgery.*

Connolly, John M. Jr., 916 Nicholson Rd., Wynnewood, Pa. 19096—*Surgery.*

Hancock, George M., 10 Chimmney Cross, Long Beach, Miss. 30569—*Surgery.*

Jacobs, Edmund B., 112 Randolph St., Travis AFB, Calif. 94535—*Surgery.*

Spencer, John H., 520 Wier St., Muscatine, Iowa 52761—*Surgery.*

Wong, Gemo Y., 3001 Martin King Dr., Apt. 703, Chicago, Ill. 60616—*Surgery.*

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Dosage: One applicatorful or one suppository intravaginally once or twice daily.
Supplied: 'AVC/Dienestrol Cream'—Four ounce tube *with* applicator. 'AVC' and 'AVC/Dienestrol Suppositories'—Box of 12 *with* applicator.
References: (1) Salerno, L. J.; Ortiz, G., and Turkel, V.: Vaginitis: A Diagnostic and Therapeutic Approach, Scientific Exhibit, presented at the 115th Annual A.M.A. Convention, Chicago, Illinois, June 1966. (2) Nugent, F. B., and Myers, J. E.: Pennsylvania Med. 69:44, 1966.

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ABSTRACTS, BOOK REVIEWS

A SYNOPSIS OF CONTEMPORARY PSYCHIATRY

George A. Vlett, B.A., M.S., M.D., Ph.D., D. Wells Goodrich, M.D., The C. V. Mosby Co., St. Louis, Mo., 1969; 319 pages; 4th edition; $9.50.

Extensive literature dealing with mental illness has accumulated. Much of this is exhaustive or limited to particular aspects of the speciality, not suited to the needs or interests of the medical student or average medical practitioner. This concise, eclectic compilation has been prepared to serve as an introduction to the complex specialty of psychiatry. The authors of this synopsis are professors of psychiatry in two leading medical colleges.

Previous editions were published in 1956, 1960 and 1965. Since the last edition remarkable advances have been made in the recognition and management of mental illness.

The book is divided into three general sections: history taking and diagnostic procedures; clinical syndromes; and therapeutic measures. In part I, the generally used intelligence tests are described and evaluated. In part II, the various types of mental illness are described and the latest official nomenclature from the "Diagnostic and Statistical Manual," prepared by the American Psychiatric Association, is used. The section of the book dealing with therapy discusses the various methods of treatment: institutional, psychotherapy, convulsive therapy, and chemotherapy. The final chapter deals with forensic psychiatry and gives some timely pointers for a physician who is called to the courtroom.

This pocket-size volume is authoritative, timely and concisely and clearly written. At the end of each chapter is an extensive list of suggested readings and it is adequately indexed. It is an excellent handbook designed to serve as ready reference for the student, resident and general practitioner.

DAVID A. BICKEL, M.D.
South Bend

SEA OF LIFE

Wm. D. Snively, Jr. with Jan Thuerbach, David McKay Co., Inc., New York, N.Y., 1969; 240 pages; $5.50.

Dr. Snively is well- and favorably-known in the widest of medical circles. He is a past president of The American Medical Writers' Association. He is on the editorial board of this journal. The maintenance of internal homeostasis has been a topic of great fascination to many authors: both past and recent. Nephrology has become an expanding subspecialty. There are massive tomes such as Hamburger's (*JISMA*, July, 1969, pp. 839-840) and charming popularizations: I am looking at Homer Smith's "From Fish to Philosopher."

Dr. Snively writes well and refreshingly. I am not quite clear as to the intended audience. The volume contains nothing that the high school sophomore could not understand. The average layman will find it both instructive and entertaining. The family physician will enjoy leafing through it at odd moments of the day and night.

The binding is good as is the paper; the price is, indeed, within reason. I do find one statement that, in my opinion, needs either withdrawal or amplification. On p.231, the very last line states, "Since we are the only thinking creature on our planet. . . ." Well: dolphins and elephants, to say nothing of owls and pythons, might take umbrage at such chutzpah on the part of a mere Homo sapiens. . . .

ARNOLD LIEBERMAN, M.D.
New York, N.Y.

THE APOLOGIE AND TREATISE OF AMBROISE PARE CONTAINING THE VOYAGES MADE INTO DIVERS PLACES WITH MANY OF HIS WRITINGS UPON SURGERY

Edited and with an introduction by Geoffrey Keynes, M.D., Dover Publications, Inc., New York; (The originals first published in French between 1545 and 1585. Done into English in 1634); paperback, 220 pages; $2.50.

What should one's reaction be when asked to review a book the various parts of which were written and published between 384 and 424 years ago? Well, mine was one of delight because this book has been a favorite with me since this edition was first available. Yet I have dawdled in getting started on it. It is simply a difficult matter to read this work from the standpoint of a review. Justice could be done to it only by extensive quotations and in the long run one feels he should abandon the attempt and say, "Read it yourself" — the best advise, here. At least, read Keynes introduction, and if you can then refrain from sampling the great Pare, you are no surgeon.

One of the difficulties in reading this book is the old spelling

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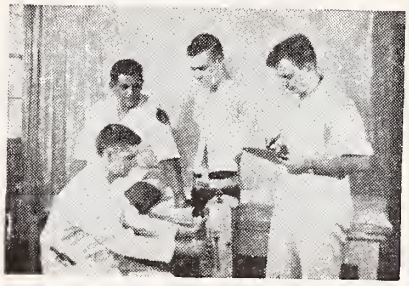

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and frequent obsolete or archaic words in this translation of 1634. Yet this is the very source of much of its charm and its impact, for one is constantly amazed and confounded by the knowledge and wisdom of a man who lived and worked in such a scientific manner, in an age of superstition and bigotry, without benefit of microscope, stethoscope, thermometer, asepsis, blood chemistry, x-ray or anesthesia, to mention a few modern fundamentals. Pare could not read Latin and was therefore looked down upon by medical scholars and professors of his day, yet he established surgery on a sound basis by his steadfast refusal to let dogma blur what he could see clearly with his own eyes and accomplish with his own hands—an outstanding example of "be sure you're right, then go ahead." He pointed the way whereby surgeons could escape the morass of dogma and credulity which had stifled surgical practice for centuries.

Many case reports enliven the "Apologie and Treatise," drawn chiefly from his military duties and tours under four kings, and reported in simple straightforward prose. Yet through it all runs the thread of his great interest in and compassion for his fellow man. His most important contributions were really based upon, or inspired by, his humane instincts, seen to best advantage perhaps in his demonstration of the advantages of the ligature over boiling oil or cautery to control bleeding vessels.

That he was a keen observer of human nature and adept in "PR" is shown in many of his cautions and suggestions concerning public relations. A sample of this is as follows: "But when the wound is dangerous, but yet without despaire of recovery, it belongs to him (i.e., to the surgeon) to admonish the patient's friends which are by, of the present danger, and doubtfull state of the wound; that if Art shall be overcome by the greatnesse thereof, he shall not be thought ignorant of the Art, neither to have deceived them."

Furthermore, Pare was strictly ethical, even according to present day standards, for he goes on to say: "But as this is the part and duty of a good and prudent Chirurgion, so it is the tricke of a cheating and jugling knave, to enlarge small wounds, that so he may seeme to have done a great cure, when it is nothing so."

Finally, I would like to quote a passage characteristic of Pare's viewpoint regarding surgery as a profession: "The Nature of a Chirurgion. Five things are proper to the dutie of a Chirurgion; to take away that which is superfluous; to restore to their places, such things as are displaced; to separate those things which are joyned together; to joyne those which are separated; and to supply the defects of nature. Thou shalt fare more easily and happily attaine to the Knowledge of these things by long use and much exercise, than by much reading of Bookes, or daily hearing of Teachers. For speech how perspicuous and elegant soever it be, cannot so vively expresse any thing, as that which is subjected to the faithfull eyes and hands." And if this piques your curiosity just a little, you should read what follows this quotation, wherein you will find the ancient surgeons understood and dealt with many more surgical problems than we moderns might expect them to handle.

This aspect of browsing in scientific treatises 400 years old is a lesson in humility to the reader; and indeed, although Pare never hesitated to draw attention to the correctness of his beliefs and methods, he had also a measure of humility, as witnesseth a quotation (and this is my last one) for which he is so famous: "The Campe being broken up I returned to Paris with my Gentleman whose Leg I had cut off, I drest him and God cured him. . . ." (in the year 1552).

Lest you still hesitate to believe Pare was modern in method, he has a chapter on "How to Make Reports." This includes medicolegal matters and a certain amount of forensic medicine.

All in all, this is a delightful small volume to keep on your bedside table. Somehow, it is very soothing to a frustrated practitioner to read of the troubles (and their solution) of the surgeons of old who lived in such a different society, yet were so like ourselves. No enzymes, but much wisdom.

A. W. CAVINS, M.D.
Terre Haute

BASIC DIAGNOSTIC RADIOLOGY

Malcolm D. Jones, M.D., The C. V. Mosby Company, St. Louis, Mo., first edition, 1969; 511 illustrations; 266 pages; $11.75.

The book has four major sections covering chest, abdomen, appendicular areas, head and neck. As clearly indicated by the author, the book serves as an introductory textbook for students in the medical sciences.

For each subject the presentation is short and basic. The summaries are quite satisfactory. There are listed references for required readings, recommended readings and additional readings. Those are a few of the good features for students.

There are a few weak areas. Some photo reproductions are poor. The descriptions on gastrointestinal tract and congenital abnormalities are rather superficial and inadequate. It is assumed that such areas can be made up through required and recommended readings.

WEI-PING LOH, M.D.
Gary

Abstracts From Various Literature, Prepared by AMA

ONE MILLILITER INJECTIONS OF RHO(D) IMMUNE GLOBULIN (HUMAN) IN PREVENTION OF RH IMMUNIZATION

G. J. Bishop (386 Albert St., East Melbourne) and V. I. Kreiger
Med. J. Aust. 2:171-174, (July 26), 1969.

Intramuscular injection of 1 ml of Rho (D) immune globulin (equivalent to 1,200ug anti-D) within 72 hours of delivery of an ABO-compatible, Rh-positive baby prevented Rh-negative mothers at risk from developing immunization to Rho(D) antigen. This was shown by the absence of active anti-D in follow-up tests on blood specimens taken at eight days, six weeks, four months, six months, and in some cases, nine and 12 months after delivery. In contrast, 11 of 131 similar control mothers at risk became immunized, an incidence of 8.4%.

FAMILIAL OVARIAN CANCER

A. C. W. Lewis (MRC Population Genetics Research Unit, Oxford, England) and B.C.C. Davison
Lancet 2:235-237, (Aug. 2), 1969.

Five sisters and their mother had ovarian cancer. Prophylactic oophorectomy was done in five women in the next generation, and none of the ovaries showed histological evidence of ovarian carcinoma.

RISE AND FALL OF ASTHMA MORTALITY IN ENGLAND AND WALES IN RELATION TO USE OF PRESSURIZED AEROSOLS

W. H. N. Inman (Queen Anne's Mansions, London) and A. M. Adelstein

Lancet 2:279-284, (Aug. 9), 1969.

Between 1961 and 1966, a period which corresponded to the rapid growth of sales of pressurized aerosols, mortality due to asthma increased considerably. In the most seriously affected age group, 10 to 14 years, there was a sevenfold increase in the mortality rate. There is no evidence that the downward trend in mortality is related to a reduction in the use of aerosols which deliver large as opposed to small doses of isoprenaline, and the effects that have been observed cannot be accounted for by a change in the age-distribution of patients using pressurized aerosols. In the absence of environmental or other factors which might have produced these changes, it is concluded that the excess deaths may have resulted from overuse of pressurized aerosols.

FEAR OF DEATH AND FEAR OF LIFE

B. H. Beard (921 E. 13th St., Oklahoma City)

Arch. Gen. Psychiat. 21:373-380, (Sept.), 1969.

Hemodialysis and renal transplantation have become accepted therapeutic procedures in the treatment of selected instances of chronic renal failure. While these procedures save and prolong human life, they create a seemingly inescapable dilemma for the patient, the fear of death and fear of life. Clinical data were obtained from direct contact with 14 patients involved in various stages of a program of chronic hemodialysis and renal transplantation.

FLURANDRENOLONE (CORDAN) TAPE AND CARBOHYDRATE METABOLIZING ENZYMES

K. M. Halprin (1201 N.W. 16th St., Miami, Fla.), F. Fukui, and A. Ohkawara

Arch. Derm. 100:336-341, (Sept.), 1969.

Both occlusive tape alone and steroid incorporated into an occlusive tape will cause inhibition of enzyme activities in the lesions of psoriasis as well as in the normal-appearing skin. The steroid tape is more effective than the tape alone in producing these effects.

ELECTROENCEPHALOGRAPHIC STUDY OF ENURETICS

J. L. Fermaglich (P.O. 32, Fargo, N.D.)

Amer. J. Dis. Child. 118:473-478, (Sept.), 1969.

Thirty-nine enuretic patients were studied electroencephalographically. Thirteen had distinctly abnormal tracings manifest by paroxysmal spike and slow wave abnormalities. Two manifested paroxysmal-like slow wave abnormalities not associated with drowsiness or light sleep and one had associated sharp waves. One additional record was too slow to be considered normal, yet was not unequivocally abnormal. That none of the enuretics with uropathies was improved following urological treatment suggests that uropathy was not a significant etiological factor in this group of patients.

Continued

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ROLE OF EARLY DIAGNOSTIC LAPAROTOMY IN ACUTE PANCREATITIS

J. F. Diaco, L. D. Miller, and E. M. Copeland (Hospital of the University of Pennsylvania, Philadelphia)

Surg. Gynec. Obstet. 129:263-269, (Aug.), 1969.

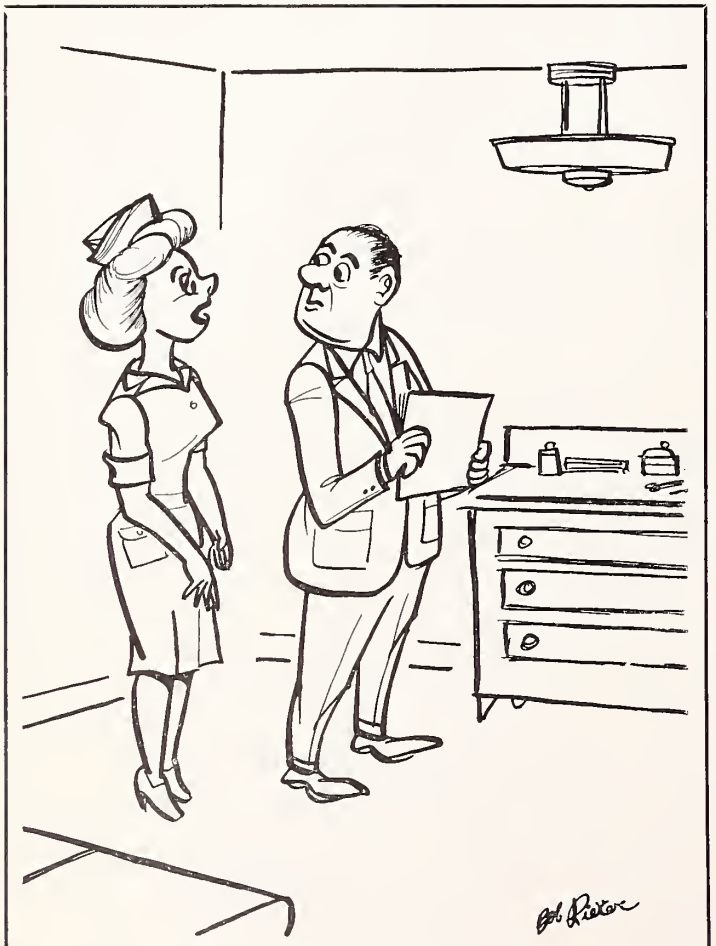
A detailed study of 231 patients with acute pancreatitis was undertaken to evaluate the clinical features as well as the therapeutic implications of this disease. The protean nature of the disease, as well as the inadequacy of any single diagnostic measure, is emphasized once more. Certain general differences between pancreatitis caused by alcoholism and by gallstone disease have been delineated. The mortality rate of the patients treated by medical means alone and of patients subjected to diagnostic laparotomy are not statistically different. The authors believe in less hesitation in performing an exploratory operation if the diagnosis is increasingly in doubt. The risks of this procedure appear to have been overstressed.

MALARIA IMPORTED TO UNITED STATES FROM VIETNAM

O. Barrett, Jr., et al. (Tripler General Hospital, A.P.O. San Francisco)

Amer. J. Trop. Med. 18:495-499, (July), 1969.

The number of imported cases of malaria occurring in persons following their return to the United States has progressively increased. Most of them are due to *Plasmodiumvivax* infection. The combined chloroquine-primaquine tablet, taken once a week for eight consecutive weeks, is effective for radical cure for vivax infection, and all returnees supposedly complete this course of therapy. Failure of the malaria chemoprophylaxis program may be significant in contributing to the high incidence of imported malaria.



She left in a huff, Doctor. You shouldn't have told her that her varicose veins resembled the direct route to Cincinnati!

ILEOSTOMY AND RISK OF URINARY URIC ACID STONES

A. M. Clarke (University of Otago Medical School, Dunedin, New Zealand) and R. G. McKenzie

Lancet 2:395-397, (Aug. 23), 1969.

Urinary composition in a group of patients with ileostomies has been compared with that in a group of normal persons acting as controls. None of the patients or controls had suffered urolithiasis. In the ileostomy patients the urinary composition greatly favored uric acid precipitation. The ileostomy state itself thus confers an increased risk of uric acid urolithiasis, and the findings are in keeping with reports of an increased incidence of uric acid stones in ileostomy patients.

PARATHYROID DISEASE IN LONG-TERM MAINTENANCE HEMODIALYSIS

J. P. Pendras (1102 Columbia St., Seattle)

Arch. Intern. Med. 124:312-321, (Sept.), 1969.

Rather intense hemodialysis did not prevent the development of secondary hyperparathyroidism in the patients in this study. The data clearly show that the probability of hyperparathyroid disease developing became much greater the longer the patient was treated with hemodialysis. This occurred in spite of maintaining nearly normal serum calcium levels and preventing significant acidosis.

HEPATITIS IN HEMODIALYSIS UNIT: AUSTRALIA ANTIGEN AND HOST RESPONSE

W. T. London et al. (Institute for Cancer Research, Philadelphia)

New Eng. J. Med. 281:571-578, (Sept. 11), 1969.

In a chronic hemodialysis unit, all nine patients and six of 15 staff members developed evidence of viral hepatitis within one year. Australia antigen, Au(1), a virus-like particle associated with acute and chronic viral hepatitis but not with other liver diseases, was found in the blood of eight of the nine dialysis patients and the two staff hepatitis cases tested. Clinical and laboratory features of hepatitis in the staff and the patients were different. The staff members developed an acute disease characterized by serum bilirubin $>$ 3 mg/100 cc, SGPT, $>$ 1,000 units, and duration of SGPT elevations of $<$ ten weeks. The dialysis patients developed a chronic anicteric disease, with SGPT elevations lasting 20 weeks or more. Susceptibility of patients with chronic renal disease to chronic Au(1) hepatitis is probably related to impaired immunologic responsiveness.

SUBDURAL HEMATOMAS IN PATIENTS UNDERGOING HEMODIALYSIS

C. D. Leonard (University of Washington School of Medicine, Seattle), E. Weil, and B. H. Scribner

Lancet 2:239-240, (Aug. 2), 1969.

Unsuspected subdural hematomas were found in three patients undergoing hemodialysis, including one who had been maintained with hemodialysis at home for 19 months. Diagnosis was delayed

because of the resemblance of symptoms to those of the hemodialysis disequilibrium syndrome, and further hemodialysis was associated with deterioration in the neurological status of these patients.

ENHANCEMENT OF ANTI-INFLAMMATORY ACTION OF HYDROCORTISONE BY ESTROGEN

A. S. Spangler et al. (Harvard Medical School, Boston)
J. Clin. Endocr. 29:650-655, (May), 1969.

Thirteen female patients with various severe, chronic inflammatory diseases were treated for one and one-half to four years with either estrogens or hydrocortisone, or a combination. Estrogen therapy alone did not influence significantly the inflammatory skin disease. However, addition of estrogens to the corticosteroid therapy produced a three- to 20-fold reduction of the previously established requirement of corticosteroids for the successful control of the skin diseases.

INDICATIONS FOR SPLENECTOMY IN HEMATOLOGIC DISEASES

M. M. R. Gomes, M. N. Silverstein, and W. H. ReMine (Mayo Clinic, Rochester, Minn.)
Surg. Gynec. Obstet. 129:129-139, (July), 1969.

Splenectomy is definitely indicated in all patients with hereditary spherocytosis. The procedure may be of benefit to patients with aplastic anemia if there is excessive destruction of red cells by the spleen or if a large spleen produces serious mechanical symptoms. Splenectomy has a definitive place in the treatment of idiopathic thrombocytopenic purpura and in selected patients with acquired hemolytic anemia. The role of splenectomy in lymphoproliferative disorders is less well defined but indications exist for splenectomy in selected patients with the disorder. In the myeloproliferative diseases, splenectomy has a definitive role in the management of patients with agnogenic myeloid metaplasia. Certain patients with miscellaneous conditions such as erythrogenic porphyria and Felty's syndrome also benefit from the procedure.

THE ETIOLOGY OF URIC UROLITHIASIS FOLLOWING ILEOSTOMY

D. W. Wilmore (University of Pennsylvania Hospital, Philadelphia) and R. E. Gots
Arch. Surg. 99:421-423, (Oct.), 1969.

Uric acid excretion was determined in three patients with established ileostomies and uric acid calculi. Excessive ileostomy loss and diminished urinary output occurred during ad-lib oral intake. Fixed base loss from the gastrointestinal tract resulted in excretion of a persistently acid urine with absence of expected morning and postprandial "alkaline tides." Administration of intravenous fluids promptly reestablished adequate urinary output, increasing creatinine and uric acid clearance, and decreasing urine uric acid concentrations. Persistent urine acidity and high urine uric acid concentration are the factors predisposing the ileostomy patient to uric acid urolithiasis. ◄

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American Medical Association Urges Congress To Adopt "Medicredit" Form of Universal Health Insurance

An American Medical Association spokesman has urged the House Ways and Means Committee to consider adoption of its voluntary national health insurance plan, which it terms "Medicredit."

According to Dr. Russell B. Roth, speaker of AMA's House of Delegates and practicing physician in Erie, Pa., "Medicredit" would not affect the present Medicare program for those 65 and older.

It would utilize a system of Federal income tax credits to those individuals and families who purchase qualified health coverage from approved private insurance companies or plans.

In effect, Dr. Roth testified, a person's Federal tax liability would act as an index as to what share of the cost of his health insurance premium would be borne by the Federal government and how much would be paid by the individual.

For those individuals and families who, in terms of their tax liability, are in the bottom 30% of taxpayers, health insurance protection would be provided without cost to them.

They would, Dr. Roth said, simply receive a certificate entitling them to free health insurance. They, in turn, would submit the certificate to a qualified company or plan. The private insuror who issues a comprehensive plan covering both hospital care and physicians' services would then be reimbursed directly by the Federal government.

Dr. Roth explained that as the individual or family's tax liability level rose, the Federal government would assume a smaller proportionate share of the cost of health insurance.

Federal tax credit would be subtracted from the amount of income tax owed the Federal government in a given year.

"For example," Dr. Roth said, "a taxpayer with a $500 tax liability might receive 70% of the annual premium cost as a credit against his tax liability, and a family with a $1,200 tax liability might receive 20% of the premium expense. . . ."

He also proposed establishment of a "Health Insurance Advisory Board" to create Medicredit guidelines.

"This board, which would be chaired by the Secretary of Health, Education and Welfare and include the Commissioner of Internal Revenue and public members," Dr. Roth stated, "would review the effectiveness of the program and file annual reports with the President and the Congress."

Basic medical benefits of Medicredit would include:

* Up to 60 days of inpatient hospital services, including maternity services;

* All emergency room and outpatient service provided in the hospital;

* All physicians services, whether performed in the hospital, home, office or elsewhere.

Supplemental benefits to basic coverage would also be eligible for tax credit.

In his testimony, Dr. Roth also stressed the importance of utilizing private insurance carriers, thus taking maximum advantage of private sector competition to help hold costs down.

Dr. Snively Retires

Dr. W. D. Snively, Jr., Evansville, who has been with Mead Johnson for 22 years and recently has served as vice-president for medical information for Bristol-Myers International, retired on October 31.

Dr. Snively, who is a member of the Editorial Board of *The Journal,* has been singularly successful in his avocation of writing. His bibliography includes 79 articles, 13 textbooks, three books for laymen and four monographs. His retirement will be devoted to writing and to another of his hobbies—historical research.

Dr. Crockett Named

Dr. Wayne A. Crockett, Terre Haute, has been named president of the newly chartered Terre Haute Medical Education Foundation. The foundation will be aimed at improving the quality of medical care and enhancing the level of medical knowledge within Vigo County. **Dr. Ludimere Lenyo, Terre Haute,** will serve as secretary of the foundation and **Drs. Arnold W. Kunkler, Edward M. Johnson, Fred W. Dierdorf, all of Terre Haute and Dr. Wilbert McIntosh, Riley,** will serve on the board of directors.

Yale School of Medicine to Study Effects of Accidental Injury

The effects of accidental injury will be studied by Yale University School of Medicine under a grant of $2 million from the Commonwealth Fund. The Yale Department of Surgery, under Dr. Jack W. Cole, will devise a comprehensive program to improve and reform prevailing patterns and practices in the handling of trauma victims.

Half of the grant will be used to construct a Laboratory for Surgery and Obstetrics and Gynecology which will be a permanent base for the trauma program. In 1965 accidents killed 107,000 in the U.S., temporarily disabled ten million, and permanently impaired 400,000, most of them under 37 years of age. The problems continue to worsen and deserve careful study.

News from Indiana Chapter, American Academy of Pediatrics

Dr. George F. Parker, Indianapolis, has been elected chairman of the Indiana Chapter of the American Academy of Pediatrics for a three-year-term.

Assisting him in the coming year will be the following officers: **Drs. Wendell E. Brown, Indianapolis,** alternate chairman; **Donald Rogers, Indianapolis,** secretary; **John Poncher, Valparaiso,** treasurer; **James K. Hill, Indianapolis,** and **Guy Ross, Anderson,** executive committee.

Pharmacist Named

Terry G. Clark, graduate pharmacist from Purdue, has been named Manager of Pharmaceutical Manufacturing for Dow Chemical Company Rx Pharmaceuticals. Mr. Clark has been with Dow since 1964 and before that was with Bristol and Lakeside Laboratories.

John L. Walters Joins ISMA As New Field Representative

John L. Walters, Kokomo, joined the staff of ISMA January 1st as a new field representative, covering the northern one-third of the state.

A 1951 graduate of Michigan State University, Mr. Walters was formerly with the Corporate Communication Staff at Chrysler Corporation in Kokomo. Prior to that he was Conference Leader and Communciation Co-ordinator at the Kokomo Chrysler Transmission Plant and a former staff member on the *Battle Creek Enquirer and News.*

Married and the father of four children, Mr. Walters is a member of Sigma Delta Chi; the Kokomo Chamber of Commerce; an advisor in Junior Achievement; member of the Board of Directors of the Mental Health Association; on the Public Relations Committee of the United Fund; member of the Kokomo Management Club; active in Boy Scout work and a member of St. Andrew's Episcopal Church, Kokomo.

Applications Now Being Accepted For E. V. Allen Memorial Scholarships

Scholarships, open to junior and senior medical students of United States and Canada, for three months of cardiovascular study at the Mayo Clinic are provided by the E. V. Allen Memorial Scholarships.

Applications will be received until April 1, 1970. Brochures may be obtained by writing the Minnesota Heart Association, 4701 W. 77th St., Edina, Minnesota 55435.

Dr. Parrish Honored

Dr. Richard K. Parrish, Decatur, was recently honored by the Wills Eye Hospital and Research Institute in Philadelphia by its request that he lecture on the subject of visual optics in relation to cataract surgery. Dr. Parrish is the author of "An Introduction to Visual Optics," a text which is widely used by universities.

Dr. Chevalier on Program

Dr. Robert B. Chevalier, Indianapolis, president of the Indiana Heart Association, helped to kick off the Area 111 Heart Fund Campaign meeting recently at Turkey Run State Park. The purpose of the meeting was to kick-off the 1970 Heart Fund drive, which will be held next month.

Dr. Bennett on Symposium

Dr. Ivan F. Bennett, Indianapolis, recently participated in a four-day symposium on drugs at DePauw University at Greencastle.

Rotary Speaker

Dr. William F. Blaisdell, Seymour, spoke on "Cardiac Resuscitation" at a recent meeting of the Seymour Rotary Club. Dr. Blaisdell is head of the medical staff at Jackson County Schneck Memorial Hospital.

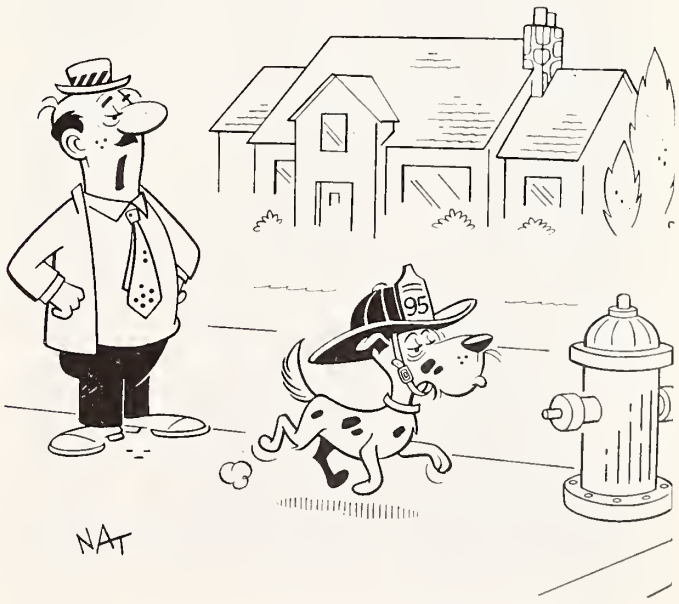
18 Indiana Doctors Serve as AMA Volunteer Physicians for Viet Nam

AMA Volunteer Physicians for Viet Nam reports that the tally, as of September, 1969, shows that 601 physicians have served 676 tours of duty of two months each in Viet Nam. The roster includes 18 from Indiana, as listed below, with a credit of 23 tours:

Andrew J. Bacevich, Hammond
Thomas E. Bailey, Indianapolis
John Bennett, Warren
George R. Bloom, Elkhart
Juan C. Bolivar, Indianapolis
C. Richard Bowers, Anderson
Dale L. Carlberg, Jeffersonville
Harry L. Craig, Huntingburg
Arthur H. Girod, Decatur
John J. Hartman, Angola
Donald J. Kerner, Indianapolis
Kenneth M. Lehman, Topeka
Daniel E. McLaren, Indianapolis
Patricia K. Moseley, Indianapolis
Arthur C. Rettig, Muncie
Jack D. Shonkwiler, Greencastle
Paul W. Waitt, Noblesville
Gilbert H. White, Jr., Hammond

Drs. Kerner and Moseley have each served two tours and Dr. Bowers has served four.

Continued



Do you have to dress for every occasion?

NEWS NOTES

Continued

Dr. Carleton Retires

Dr. Edward H. Carleton, Schererville, has retired after a 32-year career of medical service to Inland Steel, where he was the general medical director. Dr. Carleton is a former president of the Industrial Medical Association.

Dr. Gerbig Joins Dow

Dr. Clifford G. Gerbig, a native of Knightstown and a graduate of Purdue University School of Veterinary Medicine, has joined the staff of Human Health Research and Development Laboratories of the Dow Chemical Company at Indianapolis.

Dr. Johnson Back from Trip

Dr. Wayne L. Johnson, Indianapolis, has completed his second tour of duty on the hospital ship S.S. HOPE to Tunis, Tunisia. He is a member of the Ob/Gyn staff of the Marion County General Hospital. His first "HOPE" tour was during the mission to Peru.

RhoGAM Available for Indigent Women From Indiana State Board of Health

The Indiana State Board of Health will provide RhoGAM for indigent women requiring this product and who are not eligible for payment of medical care under Medicaid or other welfare programs.

DR. JOSEPH E. WALTHER received the National Foundation March of Dimes award of appreciation recently for his service to the cause of prevention and treatment of birth defects. Dr. Walther has been a member of the executive committee of the Greater Indianapolis Chapter for five years and has served as chairman of the medical advisory committee. The certificate was accompanied by a lapel pin which was presented by Mrs. Walt Jordan, a March of Dimes volunteer who resides in Martinsville.

Since it is necessary to administer RhoGAM within 72 hours of delivery of the infant, the RhoGAM should be given from the hospital pharmacy stock. The hospital should then request that the State Board of Health replace the used pharmacy stock.

In case of home deliveries, the physician may obtain RhoGAM by calling the State Board at 633-6670—633-4360 at night or on weekends.

Forms for requesting RhoGAM are available by writing the State Board, Division of Maternal and Child Health, 1330 W. Michigan St., Indianapolis 46206.

Dr. Harrison Appointed

Dr. Tinsley R. Harrison, Professor of Medicine at the Medical College of Alabama, has been appointed as Distinguished Physician in the Veterans Administration. Dr. William B. Castle of Harvard University was the first such appointee in 1968. Dr. Harrison will be stationed at the Birmingham VA Hospital as consultant and lecturer, and for other teaching assignments.

Dr. Christian Promoted

Dr. Dennis R. Christian, who received his Ph.D. degree in Pharmacology at Indiana University Medical Center, has been promoted to Project Leader of the Metabolism Group of Dow Human Health Research and Development at Indianapolis.

Dr. Pearson Elected

Dr. John S. Pearson, Indianapolis, was recently elected vice-president of the Association of Life Insurance Medical Directors. Dr. Pearson is a vice-president of American United Life Insurance Company.

Marion Laboratories Announces Discontinuation of Mailed Samples

Marion Laboratories announces that they have discontinued mailing unsolicited samples to physicians. Doctors may request samples which will be delivered by the detailmen.

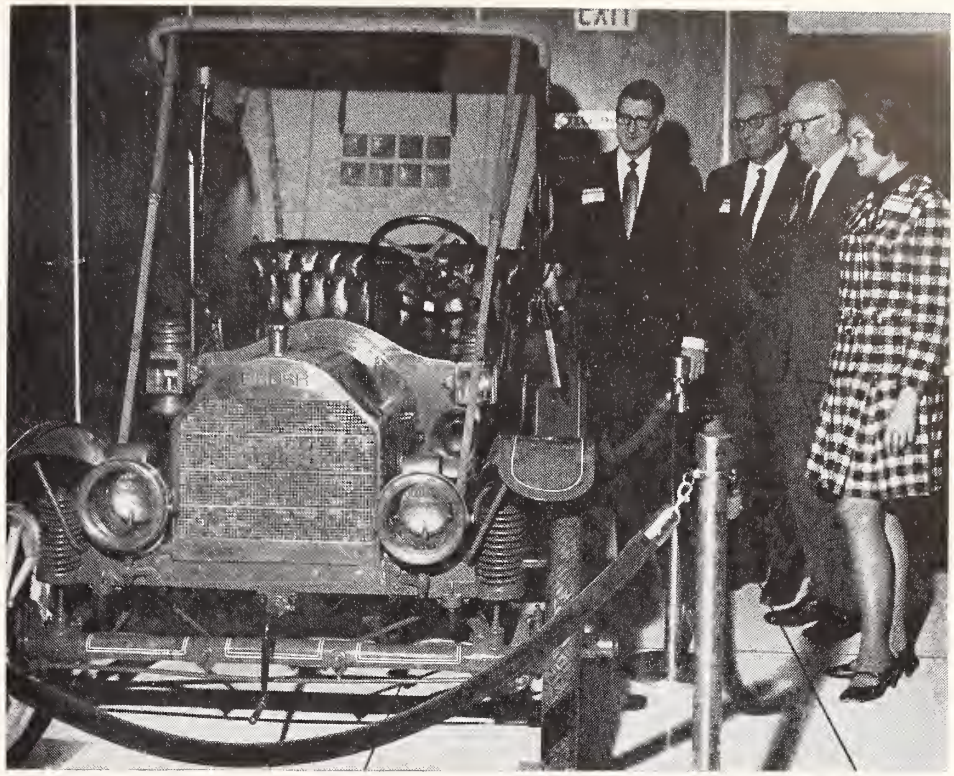
Marion was the originator of the PRE-SCRIPT® sample program whereby a physician may write for the first ten days of medication at no cost to the patient, the pharmacist being reimbursed by Marion.

Dr. Grayson Co-authors Book

Dr. Merrill Grayson, Professor of Ophthalmology at Indiana University School of Medicine, is the co-author with Dr. Richard A. Keates of Columbus, Ohio, of a book entitled "Manual of Diseases of the Cornea" which was published recently by Little, Brown and Company. It is the first book of this type and deals with both primary corneal changes and those associated with systemic conditions.

African Medical Tours

Dr. Wei-Ping Loh, Gary, has been working on medical programs for eight African medical tours which were organized by eight state medical societies and are scheduled for visits to Morocco, Kenya and Tunisia between January and April, 1970. Each tour involves a two-week trip. Dr. Loh has previously served as medical program chairman for Orient and South American tours involving medical societies in 15 states.



THEY'RE looking over a 1910 mode of transportation at the Speedway Motel in Indianapolis, but Indiana State Medical Association county society officers heard reports recently on what's in view in the early 70's in jet helicopter evacuation to hospitals for the seriously injured on Indiana highways. Society officers, representing 80 county medical societies, were urged to take leadership in developing better emergency plans and facilities in their counties. Left to right are Dr. Lowell H. Steen, Hammond, president, ISMA; Dr. M. O. Scamahorn, Pittsboro, president-elect; Dr. Lowell W. Painter, Winchester, president, Randolph County Medical Society and Mrs. Carole Rust, Evansville, former chairman of the ISMA President's Health Care Advisory Committee and the new executive secretary of the Vanderburgh County Medical Society.

New General Manager

Roger R. Zoccolillo will become general manager of a new United States Pharmaceutical Complex of the Dow Chemical Company. His headquarters will be at the firm's Indianapolis plant on Madison Avenue. The complex will include Rx Pharmaceuticals (formerly Pitman-Moore), Dow Diagnostic Products, Generic Pharmaceuticals, and the pharmaceutical manufacturing facilities and biological laboratories near Zionsville.

John Shaw Billings History of Medicine Society February Meetings

Speaker at the February 11 meeting of the John Shaw Billings History of Medicine Society will be Dr. Joseph Daly, Indianapolis, who will speak on "Interesting Names in Medicine." Each monthly dinner meeting is preceded by a social hour and dinner on the mezzanine of the Student Union Building, I.U. Medical Center, Indianapolis, beginning at 6:30 p.m.

The special medical student lecture next month is set for February 4, during Dean's Hours. Speaker for this meeting will be Dr. Gert H. Brieger, Assistant Professor at the Institute for the History of Medicine at Johns Hopkins University Medical School. His topic will be "Some Aspects of the History of Transplantations."

Doctors Speak at Meeting

Dr. Thomas O. Middleton, Bloomington, and **Dr. A. C. Offutt, Indianapolis,** participated in the 22nd annual Franklin College School Health Conference recently. Dr. Middleton served on a panel on "Alcohol, Drugs, Smoking and Youth" and Dr. Offutt spoke at the luncheon in Cline Hall on "Current Changes and New Legislation Affecting School Health."

Dr. Bowen Speaks

Dr. Otis Bowen, Bremen, spoke recently at meetings of the Ligonier Rotary Club, the Hobart Rotary Club and the Winamac Rotary Club. Dr. Bowen reviewed the legislature scene.

Dr. Lloyd Speaks at Purdue

Dr. Frank P. Lloyd, Indianapolis, was one of 13 "Old Masters" who spoke to students at Purdue University recently during three full days of personal contact with students in classrooms, lounges and dining halls. Dr. and Mrs. Lloyd both appeared on the program, in which the university tries to bring face-to-face with the students people who have been successful in their various fields.

New Indiana Pesticide Council Seeks New Views and Opinions

The Indiana Pesticide Council, which was established by Governor Whitcomb to study pesticide problems, has now held meetings in Indianapolis and Fort Wayne. Subsequent meetings are scheduled, at dates to be determined, at Lafayette, Seymour, Valparaiso, and Vincennes.

Views and opinions of interested citizens or groups are solicited, either by attendance at meetings or by written comments. Address John V. Osmun, Secretary, Entomology Hall, Purdue University, Lafayette 47907. The council is mandated by the Governor to investigate the positive values of pesticides in disease control and agriculture as well as the detrimental effects.

PMA Sues to Block FDA's "Substantial Evidence" Regulations

The Pharmaceutical Manufacturers Association has entered a suit in Federal Court to prevent the FDA from putting into effect its regulations calling for a showing of "substantial evidence of effectiveness" before a hearing is granted on appeals in regard to new and old new drug applications.

Under the regulations, affected parties must, in effect, lay all their evidence before the agency in requesting a hearing. The critical issue of whether that evidence is sufficient to support the effectiveness of the drug in question should be resolved at the hearing, claims the PMA.

Continued

NEWS NOTES

Continued

Dr. Hedde Named

Dr. E. L. Hedde, Logansport, was elected vice-chairman of the Red Cross blood program of Indiana District Four recently at the annual Fort Wayne Regional blood program committee meeting. Dr. Hedde is advisory chairman of the blood program of the Cass County chapter of the American Red Cross.

Dr. Westfall Honored

Dr. George S. Westfall, Goshen, recently received an award for outstanding service to the Elkhart Police Department as former county coroner. The award was made at a meeting of the Fraternal Order of Police at Elkhart.

Dr. Frey Speaks

Dr. Harley H. Frey, Jr., Lafayette, presented the medical viewpoint of drug abuse recently during a series of month-long programs of interest to the community, sponsored by the Covenant Presbyterian Church there.

First Class of Certified Medical Representatives Graduates

A class of 75 pharmaceutical representatives graduated from The Certified Medical Representatives Institute in Roanoke, Virginia, last October. This is the first class to be graduated by the institute and represents 227 candidates who enrolled in September, 1967.

The training program involves 300 hours instruction over a two-year period. A new class is enrolled eaeh year. Most of the casualties of the first class have been subsequently enrolled in other classes. Graduates are designated as CMR—Certified Medical Representatives. Candidates now in training are located in 43 states and five Canadian provinces. Forty-eight schools of medicine and colleges of pharmacy over the nation act as examination proctoring centers.

The graduating class this year was composed of representatives from A. H. Robins, Dorsey, Syntex, and Warner-Chilcott. Ciba men will be in the next class. The mission of the institute is to provide postgraduate education for pharmacists who are medical representatives and to improve their ability to communicate with the physician.

Ohio Court Gives Upjohn Right to Argue Antibiotic Case

The U.S. Court of Appeals in Cincinnati will hear oral argument on the legal action which Upjohn has taken to prevent the FDA from removing the company's combination antibiotic products from the market. FDA action against the drugs is suspended pending the court action.

The president of the Upjohn Company is quoted as saying "The products like Panalba have been used widely and successfully for many years. We believe the FDA is in error in its attempt to remove them from the market and that the FDA action is unjustified."

Indiana Ranked Fourth in 1969 AMPAC Membership Derby

Indiana is scoring well in AMPAC circles. We are fourth in the list of contributors, exceeded only by California, Illinois and Pennsylvania.

The state gets two firsts, however, in the categories of "Ratio of Members to Potential" and "Dollars per Physician."

NFPA Booklet "Safety Standard For Hospital Laboratories" Available

The NFPA booklet "Safety Standard for Hospital Laboratories" which has been circulated extensively in tentative form, is now available in final form.

The booklet deals with fire and explosion hazards created by laboratory activities. It is a guide to good practice and will serve as a basis for official regulations.

Copies are obtainable from National Fire Protection Association, 60 Batterymarch St., Boston, 02110, at 75 cents each.

I.U. Medical Center Hosts World Conference on Enzymes

Indiana University Medical Center was the host to a world conference on "Enzyme Regulation in Normal Tissues and in Cancer" on September 22 and 23. The symposium was orginated in 1962 by Dr. George Weber, professor of pharmacology, and has been held annually since then.

Nobel Medalist Sir Hans Krebs, famous for his discovery of the metabolic sequence now known as the Krebs Cycle, was the speaker for the annual banquet. Everything that occurs in a cell does so because of an enzyme. Several strategically important enzyme defects have already been uncovered in cancerous cells and the mission of science is to find means of correcting these errors. Dr. Weber's work and the work of his confreres is devoted to this important field.

Indiana Biochemists Speak At Upjohn-sponsored Symposium

Participants in the Upjohn-sponsored fall symposium on "Protein and Polypeptide Synthesis" which met in September included Drs. R. Chance and B. Frank, Eli Lilly Company, Indianapolis, who discussed biosynthesis, sequence and conformational studies on proinsulin and Dr. F. Haurowitz of Indiana University who talked on problems of antibody structure and biosynthesis.

Medicredit System Established In Berks County, Pennsylvania

Medicredit System, a new three-phase health payment program, has been established in Berks County, Pennsylvania. Medicredit System identification cards have been issued. All the hospitals and nursing homes in Berks County have accepted the system, as have a large percentage of physicians, dentists, pharmacists, etc.

After a member is issued a card, he must have it approved by the Bank of Pennsylvania. If qualified, all charges made on the card are paid from his checking account. If extra funds are needed, the card holder receives the money from the bank up to an agreed amount at a rate of interest which is less than a revolving charge account at most stores. Members may also participate in a hospital insurance plan.

Medicredit will process the claim and deposit the money. Medicredit also offers a yearly summary statement of all expenditures for income tax purposes. ◄

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Annual Meeting Dates of Professional Medical and Allied Organizations

AMERICAN MEDICAL ASSOCIATION ANNUAL CONVENTION
Date June 21-25, 1970
Place Chicago, Ill.

NORTHERN INDIANA PSYCHIATRIC SOCIETY
Date Fourth Wednesday of every month, September through June
Place For location and program, inquire Beatty Memorial Hospital, Westville

INDIANA ROENTGEN SOCIETY, INC.
Date March 1, 1970
Place Holiday Inn East, Indianapolis

INDIANA ACADEMY OF GENERAL PRACTICE
Date April 14-16, 1970
Place Indianapolis

INDIANA DENTAL ASSOCIATION
Date May 13-16, 1970
Place Indianapolis Hilton Hotel, Indianapolis

INDIANA CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS
Date May 6-7, 1970
Place Stouffer's Inn, Indianapolis

INDIANA SOCIETY OF ANESTHESIOLOGISTS
Date May 23, 1970
Place Marott Hotel, Indianapolis

INDIANA ACADEMY OF OPHTHALMOLOGY AND OTOLARYNGOLOGY
Date May 5-7, 1970
Place Morris Inn, South Bend

INDIANA STATE MEDICAL ASSOCIATION CONVENTION
Date October 12-15, 1970
Place South Bend

INDIANA PUBLIC HEALTH ASSN., INC. & INDIANA TUBERCULOSIS ASSN. JOINT MEETING
Date April 21-23, 1970
Place Stouffer's Indianapolis Inn

AMERICAN COLLEGE OF SURGEONS, INDIANA CHAPTER
Date April 16-18, 1970
Place Indiana State University, Terre Haute

INDIANA ASSOCIATION OF PATHOLOGISTS
Date December 5, 1970
Place Indianapolis Motor Speedway Motel, Indianapolis

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Contraindications: Edema; danger of cardiac decompensation; history or symptoms of peptic ulcer; renal, hepatic or cardiac damage; history of drug allergy; history of blood dyscrasia. The drug should not be given when the patient is senile or when other potent drugs are given concurrently. Large doses of the alka formulation are contraindicated in glaucoma.

Warning: If coumarin-type anticoagulants are given simultaneously, watch for excessive increase in prothrombin time. Instances of severe bleeding have occurred. Persistent or severe dyspepsia may indicate peptic ulcer; perform upper gastrointestinal x-ray diagnostic tests if drug is continued. Pyrazole compounds may potentiate the pharmacologic action of sulfonylurea, sulfonamide-type agents and insulin. Carefully observe patients receiving such therapy. Use with caution in the first trimester of pregnancy and in patients with thyroid disease.

Precautions: Before prescribing, carefully select patients, avoiding those responsive to routine measures as well as contraindicated patients. Obtain a detailed history and a complete physical and laboratory examination, including a blood count. Patients should not exceed recommended dosage, should be closely supervised and should be warned to discontinue the drug and report immediately if fever, sore throat, or mouth lesions (symptoms of blood dyscrasia); sudden weight gain (water retention); skin reactions; black or tarry stools or other evidence of intestinal hemorrhage occur. Make complete blood counts at weekly intervals during early therapy and at 2-week intervals thereafter. Discontinue the drug immediately and institute countermeasures if the white count changes significantly, granulocytes decrease, or immature forms appear. Use greater care in the elderly and in hypertensives.

Adverse Reactions: The more common are nausea and edema. Swelling of the ankles or face may minimized by withholding dietary salt, reduction in dosage or use of diuretics. In elderly patients and in those with hypertension the dru should be discontinued with the ap pearance of edema. The drug has been associated with peptic ulcer and may reactivate a latent peptic ulcer. The patient should be instructed to take doses immediately before or after meals or with milk t minimize gastric upset. Drug rash occasionally occurs. If it does, promptly discontinue the drug. Agranulocytosis, exfoliative derma

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Serious side effects can occur. Select patients carefully (particularly the elderly) and follow them closely in line with the drug's precautions, warnings and contraindications. Read the prescribing information. It's summarized below.

, Stevens-Johnson syndrome, ll's syndrome (toxic necrotizing lermolysis),or a generalized rgic reaction similar to serum ness may occur and require manent withdrawal of medica- . Agranulocytosis can occur denly in spite of regular, repeated mal white counts. Stomatitis , rarely, salivary gland enlarge- it may require cessation of treat- it. Such patients should not eive subsequent courses of the g. Vomiting, vertigo and languor occur. Leukemia and leukemoid tions have been reported. While definitely attributable to the g, a causal relationship cannot be excluded. Thrombocytopenic purpura and aplastic anemia may occur. Confusional states, agitation, headache, blurred vision, optic neuritis and transient hearing loss have been reported, as have hyperglycemia, hepatitis, jaundice, hypersensitivity angiitis, pericarditis and several cases of anuria, glomerulonephritis and hematuria. With long-term use, reversible thyroid hyperplasia may occur infrequently. Moderate lowering of the red cell count due to hemodilution may occur.

Dosage in Rheumatoid Arthritis: Initial: 3 to 6 capsules daily in 3 or 4 equal doses. Trial period: 1 week. Maintenance dosage should not exceed 4 capsules daily; response is often achieved with 1 or 2 capsules daily. In selecting the appropriate dosage in any specific case, consideration should be given to the patient's weight, general health, age and any other factors influencing drug response. (B)46-070-C

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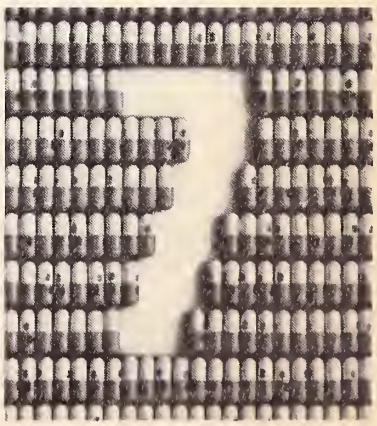

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For preoperative preparation, a combination of tablets at night and a suppository the next morning usually cleans the bowel thoroughly.

Dulcolax suppositories may be particularly helpful when straining should be avoided, as in postoperative care. Keep in mind, however, that the drug is contraindicated in the acute surgical abdomen.

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FUTURE MEETINGS, SEMINARS, COURSES

American College of Surgeons Sectional Meeting February 16-18

The American College of Surgeons invites all doctors of medi-ine to the college Section Meeting in St. Paul, Minnesota, on February 16 to 18.

Program topics will cover general and specialized surgical sub-ects. The registration fee for non-fellows is $15. Properly identi-ied residents and interns are not charged. For full information rite the College at 55 E. Erie St., Chicago 60611.

Refresher Conference for G.P.'s To be at University of Iowa

A four-day refresher conference for general practitioners will e held at The University of Iowa Health Center February 10-13.

In addition to the discussion of 49 medical subjects of interest o general practitioners, the conference will offer several innova-ions including clinical movies during luncheons and optional lunch with the experts."

Each participant will have the opportunity to offer critiques of he speakers and advance-registrants will have the opportunity to ake a self-scoring pre- and post-conference quiz to evaluate the mount of individual learning at the conference. Registrants can lso get some additional practice in "test-taking" at the conference they are preparing to take the Family Practice Board examina-ions.

Sessions on Tuesday will be devoted to a Symposium on Emer-ency Care.

Conference registration forms can be obtained by writing: Di-ector, Office of Medical Education, The University of Iowa, 45 Medical Research Center, Iowa City, Iowa 52240.

New Orleans Graduate Medical Assembly Annual Meeting

The New Orleans Graduate Medical Assembly will hold its 33rd nnual meeting on March 2 to 5 in the Roosevelt Hotel. Guest peakers are selected for their experience and aptitude in post-raduate teaching.

The program is acceptable for 22 prescribed hours and nine lective hours by the American Academy of General Practice. The egistration fee is $35. Address the Assembly at 1430 Tulane Ave., ew Orleans, La. 70112.

irst International Symposium on lastic Surgery of the Face and Neck

The First International Symposium on Plastic and Reconstruc-ve Surgery of the Face and Neck will meet on August 9 to 14 t the Waldorf-Astoria in New York City.

The American Academy of Facial Plastic and Reconstructive urgery is the host organization. For details write Dr. John onley, 139 E. 36th St., New York City 10016.

Annual ACS Combined Meeting For Doctors and Nurses March 16-18

The American College of Surgeons has invited all physicians and registered nurses to attend a Doctors-Nurses Joint Meeting to be conducted by the college at the Sheraton-Park Hotel in Washington, D.C. on March 16-18.

The doctors' program will include sessions on general surgery and all the surgical specialties. Program for the nurses is planned to focus on management of thoracic patients, operating room developments and problems, chromosomes and malignancies, arthritis and electricity.

For programs and reservation forms write the college at 55 E. Erie St., Chicago 60611.

Health Congress of Royal Society of Health at Eastbourne

The Royal Society of Health announces a Health Congress to be held at Eastbourne, England, April 27 to the 1st of May.

Medical societies and health associations of the United States are invited to appoint delegates to the congress. A fee of 10 pounds, 10 shillings is payable for each delegate. Address the Society at 90, Buckingham Palace Road, London, S.W.1.

Continued

Positions available July 1, 1970 in fully approved Psychiatric Residency, also in Child Psychiatry; affiliated with university and mental health clinics in communities. Excellent supervision offered in a broad program with controlled number of patients in therapy. Also extensive training programs in other disciplines in same hospital, about fifty miles from downtown Los Angeles and about three miles from ocean beaches. Applicants who are foreign medical school graduates must have unrestricted license to practice in California. All others must be eligible for examination for California Licensure. **Write: Norman C. Mace, M.D.**, Camarillo State Hospital, Camarillo, California 93010.

National Conference on Rural Health Set for April 9-10, 1970

The National Conference on Rural Health, the 23rd such meeting sponsored by the AMA Council on Rural Health, will be held at the Pfister Hotel and Tower in Milwaukee on April 9 and 10, 1970. Write the Council at 535 N. Dearborn, Chicago 60610 for full information.

1970 American Industrial Health Conference in Chicago

The 1970 American Industrial Health Conference will meet at the Palmer House, Chicago, on April 13 to 16, 1970. This is a medical-nursing conference and concerns industrial physicians, industrial nurses, safety engineers, industrial hygienists, public health officials, and other interested professionals. The registration fee is $10.

Full information may be obtained by writing Howard N. Schulz, Executive Director, 55 E. Washington St., Chicago 60602.

Miles Laboratories International Symposium in Molecular Biology

Miles Laboratories is announcing the fourth International Symposium in Molecular Biology at the Americana in New York City, June 4 and 5, 1970.

The symposium, which was originated and is sponsored by Miles, has become truly international in scope and attracts scientists worldwide. The subject for the 1970 meeting is "Biological Effects of Polynucleotides."

World Leprosy Day to be Observed February 15

World Leprosy Day will be observed in Indianapolis on February 15. Dr. John Trautman, Medical Officer in charge of the USPHS Hospital at Carville, Louisiana will speak.

Postgraduate Courses Listed by Cleveland Clinic Foundation

Two postgraduate courses will be conducted at the Cleveland Clinic Educational Foundation during the month of February.

The first, on General Practice, will be offered February 4 and 5 and Selected Topics in Basic and Clinical Immunology will be given on February 25 and 26.

Further information and programs may be obtained by writing to the Director of Education, The Cleveland Clinic Educational Foundation, 2020 E. 93rd St., Cleveland 44106. ◄

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County, District News

Adams

New officers of the Adams County Medical Society for 1970 will be: Drs. Robert L. Boze, Berne, president; John E. Doan, Decatur, president-elect and John C. Carroll, Decatur, secretary-treasurer.

Carroll

The Carroll County Medical Society held a joint meeting with the Carroll County Ministerial Association Nov. 19 and viewed a film produced by the AMA Department on Medicine and Religion entitled "A Storm—A Strife."

Elkhart

Dr. Truman O. Anderson gave "A Review of Clinical Immunization Procedures Today" before the Nov. 6 meeting of the Elkhart County Medical Society.

Fort Wayne

"Muscular Rheumatism" was the topic of Dr. Allen H. Mackenzie, from the Department of Rheumatic Diseases at the Cleveland Clinic, when he spoke at the Nov. 4 meeting of the Fort Wayne (Allen County) Medical Society.

Grant

Dr. E. S. Rifner, Van Buren, has been elected president of the Grant County Medical Society. Other new officers elected at the Nov. 25 meeting of the society were: Drs. John D. Pattison, Marion, president-elect and Robert G. Young, Marion, secretary-treasurer.

Hamilton

Officers of the Hamilton County Medical Society for the year 1970 will be: Drs. R. Adrian Lanning, president; J. C. Ambrose, president-elect and Paul Waitt, secretary-treasurer. All of the new officers are from Noblesville.

Jefferson-Switzerland

Newly-elected president of the Jefferson-Switzerland County Medical Society is Dr. Robert D. Johnson, Madison. Dr. John V. Love, Madison, will serve as vice-president and Dr. Ott B. McAtee, Madison, was re-elected secretary-treasurer.

Knox

Dr. Walter Able, Columbus, spoke on "Malpractice and M.D. Corporations" at the Nov. 18 meeting of the Knox County Medical Society. New secretary of the society is Dr. Malcolm Floyd, Vincennes.

LaPorte

The LaPorte County Medical Society met Nov. 18 to hear Dr. Nelson Stone, of Northwestern University, speak on "Burn Care and Hand Surgery." Among other business matters, the society elected new officers for the coming year. They are: Drs. James J. J. Sprecher, LaPorte, president; Raymond J. O'Brien, Michigan City, vice-president and Clem H. Elshout, LaPorte, secretary-treasurer.

Lawrence

Dr. Charles B. Emery is the newly-elected president of the Lawrence County Medical Society. Other new officers are: Drs. Donald R. Shortridge, vice-president and Lawrence Benham, secretary-treasurer. All of the new officers are from Bedford.

Marshall

Dr. George M. Haley, South Bend, spoke on "A New Look at the Atrophic Kidney" at the Nov. 4 meeting of the Marshall County Medical Society.

Miami

The Miami County Medical Society met Nov. 11 and elected the following officials: Drs. Don Ferrara, president; J. U. Guthrie, vice-president and Lloyd L. Hill, secretary-treasurer. All are from Peru.

Porter

New officers of the Porter County Medical Society are: Drs. John R. Poncher, president; Daniel R. Evans, vice-president and John A. Forchetti, secretary-treasurer. Drs. Poncher and Evans are from Valparaiso and Dr. Forchetti is from Chesterton.

Ripley

A film on "Aldosterone" highlighted the Nov. 11 meeting of the Ripley County Medical Society. The meeting was held at Mary-Margaret Hospital at Batesville.

Shelby

New officers of the Shelby County Medical Society are: Drs. R. F. Whitcomb, president and Joseph Moheban, secretary-treasurer. Both of the new officers are from Shelbyville.

Tippecanoe

The Tippecanoe County Medical Society officers for 1970 will be: Drs. C. L. Waits, president; John T. Burns, vice-president; Anson F. Hughes, secretary and Robert E. Hannemann, treasurer, all of Lafayette.

Vanderburgh

Dr. Herman Wing, director of Physical Medicine and Rehabilitation at the Illinois Masonic Medical Center in Chicago, was the main speaker at the Nov. 11 meeting of the Vanderburgh County Medical Society. Dr. Wing, a former Indiana physician, spoke on medical-legal problems.

Wayne-Union

The Nov. 11 meeting of the Wayne-Union County Medical Society was highlighted by a talk on "Acute Head and Neck Injuries" by Dr. John Mealey of the Department of Neurology at the I.U. Medical Center. ◄

Association News

BOARD OF TRUSTEES

September 7, 1969

The Board of Trustees of the Indiana State Medical Association convened at 9:00 a.m., Sunday, September 7, 1969, in the headquarters office, 3935 N. Meridian Street, Indianapolis, with Dr. Donald R. Taylor, the chairman, presiding.

Roll call showed the following:

Trustees and Alternate Trustees:

First District—Gilbert M. Wilhelmus, Evansville — Absent
Eugene W. Austin, Evansville, alternate — Absent
Second District—Joe Dukes, Dugger — Present
Betty Dukes, Dugger, alternate — Present
Third District—Donald M. Kerr, Bedford — Present
E. L. Wallace, New Albany, alternate — Absent
Fourth District—Robert M. Reid, Columbus — Present
Jack E. Shields, Brownstown, alternate — Present
Fifth District—Wilbert McIntosh, Riley — Absent
C. M. Schauwecker, Greencastle, alternate — Present
Sixth District—Stephen D. Smith, Knightstown — Present
Frank H. Green, Rushville, alternate — Absent
Seventh District—James H. Gosman, Indianapolis — Present
John O. Butler, Indianapolis, alternate — Absent
Eighth District—Donald R. Taylor, Muncie — Present
Paul W. Sparks, Winchester, alternate — Absent
Ninth District—Peter R. Petrich, Attica — Present
Lindley H. Wagner, Lafayette, alternate — Present
Tenth District—Vincent J. Santare, Munster — Absent
C. T. Disney, Gary, alternate — Absent
Eleventh District—Lowell J. Hillis, Logansport — Present
James A. Harshman, Kokomo, alternate — Present
Twelfth District—William R. Clark, Fort Wayne — Present
Frederic L. Schoen, Fort Wayne, alternate — Present
Thirteenth District—Otis R. Bowen, Bremen — Present
G. Beach Gattman, Elkhart, alternate — Present

Officers:

Patrick J. V. Corcoran, Evansville, president — Present
Lowell H. Steen, Hammond, president-elect — Present
Lester H. Hoyt, Indianapolis, treasurer — Absent
Malcolm O. Scamahorn, Pittsboro, assistant treasurer — Present

Journal:

Frank B. Ramsey, Indianapolis, editor — Present

Executive Committee:

Ralph V. Everly, Indianapolis, chairman — Present
Burton E. Kintner, Elkhart, member — Present

Guests:

Guy A. Owsley, Hartford City, AMA delegate — Present
Maurice E. Glock, Fort Wayne, AMA alternate delegate — Present
Jack E. Shields, Brownstown, AMA delegate — Present
Dwight W. Schuster, Indianapolis, AMA alternate delegate — Present
Donald E. Wood, Indianapolis, AMA delegate — Absent for reason of attending AMA Council meeting
James A. Harshman, Kokomo, AMA alternate delegate — Present
Eugene F. Senseny, Fort Wayne, AMA delegate — Present
Eugene S. Rifner, Van Buren, AMA alternate delegate — Absent
Frank H. Green, Rushville, AMA delegate — Absent
Kenneth O. Neumann, Lafayette, AMA alternate delegate — Present
Glenn W. Irwin, Jr., Indianapolis, Dean, I.U. School of Medicine — Present
A. C. Offutt, Indianapolis, State Health Commissioner — Present
D. S. Megenhardt, Indianapolis, Professional Advisory Committee, Blue Cross — Absent
Glen V. Ryan, Indianapolis, Chairman, Blue Shield Board of Directors — Present
Robert B. Stonehill, Indianapolis, coordinator, Indiana Regional Medical Program — Absent
Robert L. Forste, Jr., President, Indiana Student AMA — Absent
Myron H. Nourse, Indianapolis, alternate delegate, AMA Section on Urology — Absent
Sprague H. Gardiner, Indianapolis, alternate delegate, AMA Section Obstetrics and Gynecology — Absent
Lall G. Montgomery, Muncie, delegate, AMA Section on Pathology — Absent

Staff:

Robert J. Amick — Present
Howard Grindstaff — Present
Kenneth W. Bush — Present
James A. Waggener, executive secretary — Present

Reports of Trustees

First District—No representative present.

Second District—Dr. Dukes, no report.

Third District—Dr. Kerr, no report.

Fourth District—Dr. Reid, no report.

Fifth District—Dr. McIntosh, absent, no report.

Sixth District—Dr. Smith, no report.

Seventh District—Dr. Gosman. There is no change in the status of the district. I would like to report that the various county medical societies voted to repeal Resolution 26; however, since that time there has been discussion with the advocates of repeal and their opinions have changed so that I think things are being worked out satisfactorily. I was supposed to bring this to the state level, but I think it will be dropped entirely.

Eighth District—Dr. Taylor. The 1970 meeting will be held the first Wednesday in June and Randolph County will be the host society.

Ninth District—Dr. Petrich, no report.

Tenth District—No representative, no report.

Eleventh District—Dr. Hillis. A district meeting will be held Wednesday, September 17, at Emley's Restaurant in Marion, Indiana, beginning at 3:00 p.m. Dr. Rifner has prepared an excellent program and you are all invited to attend.

Twelfth District—Dr. Clark, no report.

Thirteenth District—Dr. Bowen. Our district meeting is scheduled for September 17 at the continuing center for education at Notre Dame University. All are invited to attend. This is all the report I have other than I do have an item on the agenda with reference to remission of dues.

Upon motion by Dr. Bowen, seconded by several, the dues of three members of the St. Joseph Medical Society were ordered remitted due to financial hardship.

Reports of Guests

CHAIRMAN: We will hear now from Dr. Ryan, Chairman of the Board of Blue Shield.

DR. RYAN: I appear before you this morning to report that we have been behind the eight ball in payment of physicians' claims due to a mix-up in our

new computer set-up. We have now, in an effort to remedy this situation, switched over from a joint computer and manual operation. We hope to have this backlog cleared up by the first of October, as soon as we can. We intend to send out checks on a weekly basis as we proposed to do previously.

While the electronic system of handling payments has been tested for 18 months, apparently there are a lot of developments which were not anticipated in switching over to the computer system.

With regard to Medicaid, there have been several conferences held and Blue Shield is "tooling up" in preparation of being able to handle this new program when it becomes effective January 1, 1970.

Dr. Gosman mentioned Resolution 26, and we have been quite upset about the action of the Marion County Society with respect to this resolution. As you perhaps know, if Resolution 26 were repealed, Blue Shield would be out of the usual and customary and reasonable fee program. About 60% of our present business is on this basis and if we were forced to retrench, it would sort of cut us to the quick. The cause of this action was a bad case of public relations. I am sure Blue Shield can be accused of this many times. It is certainly brought to light here that public relations of Blue Shield in Marion County was very bad.

Arrangements have been made to meet with the group involved as concerns this program and I feel that the matter will be worked out so that they will have things handled the way they want.

DR. TAYLOR: Does anyone have any questions of Dr. Ryan?

DR. GOSMAN: I have no questions but I do believe that after this discussion which was held in an emergency meeting in Marion County, that it is about time we sit down and begin to think about some sort of minimum and maximum fee. I also feel that we are going to have to try to work out with Blue Shield some method for annually, at least, to get in touch with them for the purpose of discussing fees, discussing raises in fees for instance. It is all right for labor to increase its income on the basis of cost of living, and I think we could use a similar criterion to increase our fees a certain percentage.

I think a definite program should be established as there were some very important issues that came out of our discussion at the county society meeting.

CHAIRMAN: I recognize Dr. Corcoran, president of the association.

DR. CORCORAN: I subscribe to what Dr. Gosman has said. I also raise the question that a review of fees should not be done by segments of the profession alone. I think these have to be integrated as a whole professional overview, and I say the pie has to be divided equably; and I think this is the mistake we have made in our area that a certain specialty group has its fees but other doctors don't relate fees to the total fee structure; and I would like to make a plea that this should be considered.

CHAIRMAN: I recognize Dr. Hillis, Eleventh District.

DR. HILLIS: I would like to ask Dr. Ryan the relationship between the Blue Shield organization and the other carriers. For example, Traveler's. I come from a railroad town; the retirement board has Traveler's and I want to know why the delay in collecting these accounts. For example, here is one whose date of service is December 23, 1968, for which we have never received any money. The girl has written letters time and again and she has all kinds of answers from the personages at Blue Shield. What's the hang-up in paying these long overdue claims—some even go back to April?

DR. RYAN: I can't answer your question, of course. These are individual cases and I would have Mr. Dixon, or one of the people in the public relations, to stop by your office and see if they can straighten this out for you.

CHAIRMAN: If there are no other questions or comments, I think we will move on to the Board Liaison Committee with Blue Shield. Dr. Kerr, you have a report.

DR. KERR: Nothing has been referred to our committee.

CHAIRMAN: Since the other guests have not arrived, I think we will go to the report of our AMA delegation concerning the recent meeting held in New York in July. I will call on Dr. Owsley, the floor leader of the delegation.

DR. OWSLEY: Mr. Chairman and members of the Board, I am sure all of you have received the copy of the report of the actions taken by the House of Delegates of the American Medical Association held in New York. Therefore, I think to review this report at this time would be redundant as you have all read it.

Mr. Agnew, Vice-President, spoke to us about pollution and gave a real good presentation. Dr. Egeberg was there and indicated that while he did not always agree with the AMA, and the AMA did not always agree with the HEW, he felt that many times suitable solutions could be made to satisfy all people involved. The president of the AMA spoke emphasizing our activities on the social side. The Quinn Report passed with one minor change which I had a hand in—it was recommended that a representative of the department of HEW be listed as a delegate in the House of Delegates of the AMA. We beat this down by retaining a representative of the Public Health Service instead of removing the Public Health Service from the House and substituting therefore, the Department of Health, Education and Welfare. There was much discussion, of course, on costs and ways of reducing costs, complaints about people who are defrauding the various programs. Peer review is beginning to catch on and at the Denver meeting there will be a special session on this subject. Relicensure and continuing education are subjects which I think will probably go down the drain.

CHAIRMAN: Are there any other of the members of the delegation who have comments? I recognize Dr. Senseny.

DR. SENSENY: I would like to say that we had five resolutions that were presented from Indiana. I think basically we did pretty well with all of them. We had one on sex education and the AMA came back with a very reasonable resolution in this area that everyone basically can live with. I, personally, received over a hundred letters imploring me to vote against any kind of sex education, especially the SIECUS outfit. We put one in on pornographic literature which was referred to the Board of Trustees. We had two concerning the joint commission on accreditation of hospitals and I think in principle they agreed with the one resolution for getting more practicing physicians on the joint commission. The other one was denied because they thought it was not feasible. So I think basically we did fairly well with what little bit we put in this past year and I thought I would like to report to you because some of the trustees I am sure are probably unaware of what we did by ourselves. Thank you, Mr. Chairman.

CHAIRMAN: Any other comments? I recognize Dr. Glock.

DR. GLOCK: I would apologize for taking up much of your time, but I wanted to inform you that I am not going to run this next time for the position of alternate delegate, and I would like to contribute that I have enjoyed very much being a part of the team. I would like to state at this time too, that I have thought that our delegation was not very effective at the last meeting. It was a poor meeting and I would like to stress the fact that I would like to see the delegation be strong. I would like to see that the men get there on time and serve until the meeting is over—too often we'll see a

man who has just prepared for six months to attend this meeting and leave a day early—now this is ridiculous and we should have no part of anybody who does this type of thing. I think that we should get a little accent on youth as some people are willing to innovate and I think that we should go there and be a team. I think that we should work together. I think this business is ridiculous of having one man get up and second the nomination of an individual when our delegation has pretty much been in favor of another man. I think this makes us look foolish—I think we should get people over there that are outstanding and that can make themselves felt. I know that we have the men in our association who can do this and I would like to see them put forward and have the stature I know we can have. Thank you.

CHAIRMAN: Dr. Glock, for the Board, I want to thank you for your service in this office and thank you for your remarks today. I would like to inform you that the Board recognized most of the deficiencies that you mentioned in its executive session last night in a hope that we can work these out. Anyone else have any comments? I recognize the president, Dr. Corcoran.

DR. CORCORAN: I would like to ask the delegation—there were at least two matters I think that have to do with ethical matters for the state association, presumably to implement. I think the Board should be brought up to date on these—one has to do with the practice of putting the name of the medication on prescription labels—I think the House of Delegates adopted that, did they not? Also, that any physician who bills for a service, which he has farmed out, he should put on his statement what it cost him. Does the delegation bring that back to the state for favorable action? These were adopted, were they not?

DR. OWSLEY: Yes.

CHAIRMAN: I recognize Dr. Gosman.

DR. GOSMAN: I would like to report that the Seventh District Medical Society is interested in promoting Dr. Don Wood for the office of trustee of the American Medical Association, and they feel that it is time now to start laying the groundwork for such procedure.

CHAIRMAN: Thank you, Dr. Gosman. If there are no further comments we will now proceed to Reports of Officers. I recognize Dr. Corcoran, president of the association.

Reports of Officers

DR. CORCORAN: Mr. Chairman, members of the Board, friends. I have several things which I hope will not take too long to report. First of all, I would like to tell you that I wrote a letter to both of our senators and all of our Indiana representatives in the Congress telling them of our concern about any possible use or misuse of governmental programs and in our case it would be Medicare. I have received a reply from every one of those to whom we wrote. I think we have some very good liaison with these public officials.

I should also like to report that I am one of ten physicians who have been appointed by the Governor to his Commission on Medical Education. This commission, I am sure you are aware, is charged with a mandate to assess and inventory health education programs for all health services in our state. Its first meeting, its organization meeting, will be held here in Indianapolis, Tuesday the 23rd of this month. The chairman of this commission has already toured the state making an inspection of the facilities in many of our communities. I understand that he now favors the expansion of medical education to be done by having the first two years of medical education done in community colleges throughout the state and further proposes to have at least four and possibly six of these programs in operation by September, 1970. The final two years would then be done in Indianapolis.

This commission has 30 members. There are ten M.D.'s, one osteopath, one dentist, a number of vice presidents of state universities and Notre Dame and several prominent businessmen.

Next I would like to report that we are glad to have the first joint meeting sponsored by the hospital association, the medical association, to be attended by chiefs of staff, administrators, and a member of the board of trustees of Indiana hospitals, for a meeting in Indianapolis on Thursday, September 25th.

The meeting is patterned very much after programs that have been held for at least six years. I think in Colorado and for three or four years in Ohio they have proved quite productive. The hospitals pick up the tab and pay the way for these three people. The administrator and the board member cannot be in attendance unless the chief of staff also attends. We hope this will be an excellent meeting and that it will be the beginning of a new era of communication between the professions and the hospital people.

In the field of medical education, there has been much activity. We are doing a great many things. I have a communication from the national SAMA organization, dated August 26, asking us to participate in a campaign to the Congress, especially the Senate Finance Committee, opposing the proposed reduction of the health professional student loan program. Last year this program provided 26 million dollars for financial assistance to students of medicine and related fields like dentistry, pharmacy, etc. Fourteen million dollars went to the medical schools. The proposed 40% reduction is causing a great deal of concern on the part of SAMA, and their vice president Peter Anders, wrote asking for our cooperation with them. They would appreciate being advised of our efforts in their behalf in order to effectively coordinate these efforts in the campaign to restore funding for this very important program. I refer this request to the Board for whatever action you may wish to take.

I also received a letter from the president of the senior class of the student senate with two pages of single-spaced suggestions, which are excellent. I would like to point out that one of these is to develop better communications between organized medicine and the medical student. He would like us to consider a column in our state *Journal* devoted to student activities. I assume they would provide the material. I bring this to you if there is a matter of policy; perhaps the editor might be receptive to doing something along this line.

We are also in the process of developing a student faculty practitioner retreat seminar. This is the result of some tentative suggestions which I made months ago. Now the faculty of the school is quite interested. It's been done on the west coast and at some of the universities where selected members of the student body, selected members of the faculty, and active practitioners in the field of medicine go to a resort, or some other location, for a day or two in a convention environment and have inter-relationships and discussions on a generally rather informal basis. We had a meeting Wednesday with the dean and associate dean and representatives of SAMA; and they are meeting tomorrow with the executive committee of the school and I think Tuesday with the SAMA officers. They were quite enthusiastic about our doing this. The date has even been picked by the school, the weekend of September 20 and 21. This is short notice but we would like to do this and arrangements have been made at French Lick for housing the group and conducting the meeting. We have tentatively agreed that the university and the medical association would jointly pick up the tab for the medical students. It is planned to take 10 or 15 students, 10 or 15 faculty members, and 10 or 15

practitioners to this meeting. I really think this proposal has a great deal of merit and a lot of potential and it could do much to promote better understanding between these three groups.

I was in an hour and a half program last Wednesday at the medical school for the opening of the school year; they had a panel which met and was grilled so to speak, by the freshman class on many matters. I was heartened by the apparent sympathy and understanding and friendliness of these young students starting in their career of medicine. They applauded a couple of comments which I made which were rather on the so-called conservative side.

I would like to suggest to you, as a result of my experience as president, that some stronger direction must be made in certain areas of our association's function. I have viewed my year of custodianship of the association as one of germination and instigation and fertilization, if you will, in the hope that something may come of it. I've tried to heat the water up rather gradually and perhaps I've been remiss in not exercising more direction and more strong reining-in. There are at least two things I would like to suggest. 1. That commission and committee meetings be scheduled on a regular basis. Instead of having chairmen just decide that they are going to have a meeting on such and such a date and inform the headquarters office, that these things could be coordinated with a great deal of saving of money and time. Possibly only one or two Sundays a month should be used for meetings instead of every Sunday. We're bringing our headquarters staff in here practically every Sunday, every weekend, and these are not good situations for them. I think it is wasteful and that in the coming years the Board should designate that certain days are to be had for meetings. The chairman should clear with the executive secretary and the president on these, instead of just calling them. Now I have felt that a president cannot always tell a commission what to do because he does not appoint the whole commission—they are continuing bodies—and I have felt the same way about the delegates—that they are elected by the House and that there is only so much that the president can tell the delegation to the AMA. Now I am aware that I have been under some criticism for not exercising a little more positive control of that. It has been done on the basis of what I think I can and what I cannot do.

Finally, I would like to tell you that I have initiated some developments with the directors of Student Health Services of the major universities. We had an initial meeting last month with three of them. They welcome this type of meeting. We have scheduled at the annual meeting in October, a meeting of all the interested physicians who are in college health medicine. We estimate that there are at least 60 physicians in the state who are engaged in delivering student health care. I understand that at I.U. they currently have 13 full-time and two part-time physicians; I think at Purdue it's around ten. I have been encouraged to believe that this would attract men in this work who are not now members of the association to join. There are some economic reasons of which I have not been aware, why they are not presently members. I have asked Mr. Waggener to draw up a resolution to put before the Board to present to the House recommending the establishment of a Section on College Medicine. In fact, here is the resolution, No. 69-21. "Whereas, college health physicians have indicated an interest in becoming more active within the Indiana State Medical Association, and Whereas, the creation of a Section on College Health Physicians would be a means of fostering closer relationship, and Whereas, the Board of Trustees concurs that this is an important segment in the delivery of health care to the younger people of our state, Now, Therefore, Be it Resolved, that Chapter III, Section 1, of the Bylaws be amended by adding thereto the following: "n. College health physicians," renumbering the present line "n" to line "o."

Mr. Chairman, if it would be appropriate at this time, I would like to move the adoption of this favorable resolution.

CHAIRMAN: It has been moved and seconded; it is now open for discussion.

The proposed resolution was discussed by Dr. Dukes, Dr. Corcoran, Dr. Clark, and others and was then put to vote by the chairman and was adopted.

CHAIRMAN: There are two other actions that the president requests that we consider. Does the Board desire to take any action on the student loan matter, supporting the SAMA's position by our writing a letter recommending to the Senate Finance Committee that this cut in loans not be made.

A motion was made authorizing the president to write such a letter to a member of the Senate Finance Committee expressing our views, and seconded by Dr. Gosman. A proposal was discussed by several, put to a vote and carried.

CHAIRMAN: The next matter is a proposal that our *Journal* carry a column to be prepared by the SAMA organization. **It was moved and seconded that this be approved, providing the editor can work it in and has room for the material.**

It was moved to amend the motion that the column be edited before appearing in the *Journal*. The proposed amendment was discussed and the editor pointed out the method of editing all articles which appear in the *Journal* and following this discussion the motion to amend was withdrawn. The main motion was then put to a vote and carried.

CHAIRMAN: Mr. President-Elect.

DR. STEEN: I wrote a critique of the AMA report on future planning—and those of you who don't have a copy of it, I hope you get one and read it. It is one man's opinion and I hope it will stimulate thinking on the part of the rest of you to either write a critique or to bring your thoughts to the next Board meeting where I hope this will be discussed again. I have been plugging this report since it first came out and the report of Philip Lesley, public relations consultants, for I fear they are going to get buried by the Board like a lot of other things do. I would hope that our AMA delegates and alternate delegates will at some time prior to the November meeting, have a meeting at which this will be one of the topics for discussion. I don't propose to tell the delegation how they ought to operate but I am going to ask them to meet with me sometime shortly after the 17th of October so we can have a little love-feast and exchange our views on how things ought to be done and in what direction we hope to go so as to avoid any contention or controversy when the meeting occurs in December.

We've had some difficulty with commission appointments and I will have some recommendations about what we ought to do with the commissions at a later date. It would appear to be greatly difficult to get a number of physicians in the state to serve on a commission and I have even written several of the trustees rather harshly about their failure to give me recommendations for commissions. Having gone through this as a trustee, myself, I know this is not an easy task. People just don't want to be involved in these activities. Our rather antique rule—that a man can have two terms on a given commission and then is ineligible for re-appointment—I think needs reappraisal. Out of our 4,000 members we have difficulty finding 125 who are re-

peatedly willing to serve on a commission, give time to it, and devote energy to it. I think the same old workhorses will have to keep working until we find some new ones. I don't think this precludes an intense and definite search for young talent to serve, but I think we should have people who will serve!

We are moving ahead with the projected program for Health Week this spring and I intend to speak to the House of Delegates about this program. We must have their approval to move ahead and when we do obtain that approval we will move ahead at a very, very rapid pace. Hopefully, we can have an excellent session for the high school students this spring.

I want to tell you a couple of things that relate to peer review which I think are extremely important. I think much controversy in Marion County could have been avoided if some of the individuals there really understood the usual and customary programs and the value of a functional and knowledgeable utilization review committee. I have been asked to participate on October 2 in a panel on peer review of Pheasant Run, Illinois by the Health Insurance Council. Through the good office of some of my friends on the Council of Medical Service of the AMS, on the 5th of October I have been asked to chair a regional meeting in Chicago of Missouri, Illinois, Indiana, and some other states on peer review. I have also been asked to appear on the all-day program on November 29th at the AMA meeting on peer review. Indiana is getting its kicks in about peer review, and for this reason, if for none other, I would like to see us really move ahead in this field, statewide. There are 10 established committees now in the state of Indiana—all of them functional. I think the longest functioning one is the one in St. Joseph County. I hope to get all of the chairmen of these utilization committees together sometime after the first of November or at the end of the state meeting to see what we can do about stimulating interest in other areas of the state and perhaps the formulation of a state wide review committee. This committee might take over the functions of the CHAMPUS program and/or might function for some of the other counties who are so small that they are unable to effectively have a review mechanism. It is extremely important that we get into some of these realms as a means of self-preservation. I think we have to cease having this apologetic posture about what we charge and why we charge it. I think we can gather our own statistics and yet be realistic about what we charge and be willing to defend it. Only in this way do I think we can make any dent in the inexorable trend towards prepaid capitation group practice. Down the road, as I see it, the only tactics we can use are delaying tactics, yet modified in such a way as to sugar coat the bitter pill.

CHAIRMAN: I now recognize Dr. Scamahorn, assistant treasurer, for a financial report.

DR. SCAMAHORN: You have in your agenda reports for the months of June, July and August, the statement of the cash balances, the amount of money spent by the commissions and committees, and report for the *Journal*. If there are any questions I would be glad to try to answer them for you.

CHAIRMAN: Any questions of Dr. Scamahorn? If not, I recognize Dr. Ramsey for a report of the editor of *The Journal*.

DR. RAMSEY: Mr. Chairman. In regard to the SAMA news notes, they were included by me during the summer in a proposal we had from our own editorial board to have a special news notes section in the *Journal* for all specialty organziations, such as the Academy of General Practice, the College of Surgeons, the College of Physicians, the O and O Society; there are about 15 specialty groups in the state of Indiana. I have written these organizations and told them that we want to utilize the *Journal*, not only to talk to their own members but to announce items of news that would be of interest to all members of the association. The College of Surgeons has already written up a nice news note on the athletic injury symposium they held at Fort Wayne recently, and this is a good example of something that all members of the association should take interest in and they are going to keep us informed about that and there will be many other things.

I have consulted with Dean Irwin and the SAMA organization and gave them complete information concerning the use of the *Journal*. I believe that they will utilize this offering.

There are two things which we should have a decision from the Board about. One of them is a question as to whether we should continue the use of the edge index in the Roster. This is now in the second year; it is not an expensive thing; and I think the royalty on this is about $100 each time, each year we use it. The printer goes to practically no trouble to do it; in fact he prints many references to booklets that utilize this index. I would like to request that someone make a motion whether this should be continued or not. There is another thing we need to settle. Some time ago I mentioned the possibility of including in the Roster, along with the name of the member, his specialty. This would involve an additional expense of some $500 or more. But it seems to me a reasonable thing as I have had several doctors volunteer information that they would wish that this type of information be included in the Roster.

I would like your action on the two items which I have mentioned.

CHAIRMAN: We have two items here that Dr. Ramsey wishes us to act upon. The first one—shall we continue the index sheet? Do I have a motion? **Motion made to continue, seconded and carried.**

CHAIRMAN: The other matter is whether we want the physicians' type of practice listed in the Roster following the AMA method.

Motion was made and seconded to include the physicians' type of practice in the Roster. It was discussed by several; the question was called for; the motion was put to a vote and carried.

CHAIRMAN: I now call on Dr. Offutt for his report.

DR. OFFUTT: Thank you very much, Mr. Chairman, I will be very brief. You will remember at one of the meetings when the silver nitrate matter came up; I will give you an interim report on the progress of the suggestion that was made of the undertaking of a study concerning the use of other agents and silver nitrate in the eyes of the newborn. We have contacted the Federal Library of Medicine and their organization has indicated that they will run the literature for us.

The other thing I would report to you about is the matter of the 13 meetings that have been held—eight of them have been held over the state concerning comprehensive health planning. The only problems we have run into at the meetings are the fact that we can't schedule them on a date to please everyone. We've utilized some meeting space which was not favorably accepted by everyone. The meetings, as far as we have gone with them, have proved very satisfactory in that one of the criticisms that have been rampant here and throughout the country, as a matter of fact, that we have simply been talking about comprehensive health planning on the defensive. We are now convinced, however, that planning is an all right and an acceptable word, that nobody knows what it is all about and it is a bit difficult, or has been difficult, to be sure that we can separate planning and implementation as to future needs.

In the meetings I have been able to attend, I have made it my business to point out that there is not enough

money to actually give everybody a federal grant to do planning. Thank you very much, Mr. Chairman. I will be glad to answer your questions.

CHAIRMAN: Are there any questions to ask Dr. Offutt? Before you ask any I would like to say that they had a meeting in Muncie last Thursday. It was very well attended; there were well over 100 people there; however, the make-up was about as one would expect—there were three physicians, probably 12 or 15 or 20 hospital people, and most of the others, as I recognized them, were people from voluntary health agencies. There were very few general public people present.

CHAIRMAN: The chair now recognizes Dr. Kerr.

DR. KERR: We had a meeting down in our area not long ago and it develops that what is happening is the question of presenting the Constitution and Bylaws and finding they are not acceptable. Another problem is the question of regionalization of this program. When it comes to dividing into regions, it is not going to come down to the fact that your big body, or whatever it is out there, is going to also tell us how to go regionwise, and if this be so, why does it not happen and let's get on with it because we have hesitated for two years waiting for something to happen on this basis.

DR. OFFUTT: Your final words, Dr. Kerr, are practically mine. One of the things that has come out of these meetings and one of the reasons for having them is the fact that I became quite aware of the fact that we were probably the last ones to get the word out—that there were other people who were talking about comprehensive health planning and were being heard a lot more than the official agency. We have looked into the states that have initially set up the regions within the state and found all of them were in trouble, including Kentucky, although Kentucky says "look at Indiana—they're not getting anyplace with theirs and they haven't set up any regions." We say "look at Kentucky —they set up the regions without talking to the local people and look at the mess they're in." So since we have delayed for two years, I have told our folks to set up regions and say that these are suggested regions. If you don't like them, at least they are not the gospel; they can be changed any time, but I am firmly convinced that if we wait, we'll be waiting five years and the only thing we've done so far is to say that it would be bad to split X-county because half of it goes to one big town in the area and the other half goes someplace else. Regardless of what our plans for regions are, when the chips get down, I do not believe that a comprehensive health plan is going to change where people practice medicine. I think this is a bit ridiculous and in the first place an absolute impossibility. I have beat my head against the wall enough about things I don't know about so if I know about one in advance then I can tackle it; but as you say I think it is high time that we said that you should plan together to get the job done.

CHAIRMAN: Thank you, Dr. Offutt. If there are no further questions, I now recognize Dean Irwin for his report.

DR. IRWIN: My remarks this morning will be brief because next month I do have the opportunity of giving you a state of the union message. It has been a busy week on the campus; 200 brand new medical freshman students arrived on Tuesday. This year's class is like last year's in that there are 226 freshman medical students in the system; 202 of them are entered here in Indianapolis; 19 are entered in Bloomington; three are entered at Purdue; and two are entered at Notre Dame. You might be interested to know that the pilot program for the five students at Purdue and Notre Dame, to date, does seem successful. We do not feel that this was the year to expand the pilot program to other state universities and perhaps to certain regional campuses. In the 202 at the Indianapolis campus, I think I saw two or three with long hair and maybe one with a short beard so it looks like it would be reasonably good at least at the beginning of the year.

If you have any concern about SAMA articles in *The Journal*, at least the four years in which our students have had a SAMA publication, I know many of you see this, and the overwhelming amount of material has been, I think, very informational and very good. Another thing you might be interested to know, is that we do have some new chairmen on the scene this year. As you know we had quite a few vacancies last year. Dr. Charles Hunter is on the scene now, chairman of the Obstetrics and Gynecology Department. Many of you knew him because he had been here previously. We were able to steal him from the University of Washington, Seattle region, where he had been chairman at that school.

Dr. Joshua Edwards is the new chairman of pathology; he was formerly chairman of pathology at the University of Florida. We have appointed a new chairman of clinical pathology and we're going back to the days of Clyde Culbertson in creating separate departments which will probably be called Departments of Pathology. This post will be filled by Dr. Carlton D. Nordschow, of the University of Iowa and he is the director of the university hospitals there. I hope later in this month to have the final appointment announcement of general surgery.

This past week I've met with the liaison committee and the officers of The Academy of General Practice and indicated that the school was committed now actively in the formation of the Department of Family Medicine. We have the framework now on which to build, and I think, a meaningful department in this field.

Beginning in June of this year the senior class is on an elective year. As many of you know, many of these electives are off the medical center campus. Although they have had only a couple of months' experience, to date, this seems to be a very enthusiastic part of the new curriculum. We have a new arrangement, which is really the first meaningful arrangement, with the General Hospital, which in my opinion would be very helpful in the establishment of the Department of Family Practice.

So far as our buildings are concerned, we are planning to open that first day at the University Hospital in January of 1970, a year and a half after everyone thought it would be open. We hope to have, if the council approves, the dedication of that hospital in conjunction with Alumni Day next year. Riley Hospital is ahead of schedule as far as construction, and we should have it completed in 1971.

I am very pleased that we will have our retreat with this association with the school from the standpoint of students, full-time faculty, and members of this association this month at French Lick. They will be a beginning of a series of very mutual meetings for these three important groups of people. Thank you, Mr. Chairman, I'll close and if there is anyone that has a question, I will try to answer it.

CHAIRMAN: I recognize Dr. Corcoran.

DR. CORCORAN: Would the Dean care to comment on his feelings about the Governor's Commission on Medical Education as it stands at the present time?

DR. IRWIN: I was afraid you would say that. The commission which Governor Whitcomb has created is a large commission. Many of you know that it is composed of different groups of people, such as educators, by that I mean vice presidents of academic affairs of major universities, colleges, and members of the association on it. It also has prominent citizens and representatives and senators from our state on it. The commission has not yet met as a body; it will meet here in Indianapolis at the medical center later this month. Certain groups have been traveling around

the state, meeting at certain centers, about six I believe, to sort of pave the ground I suppose, as to what is the sentiment of the people of the state. Some of the publicity on this has made the faculty and myself, and I hope some leaders, somewhat nervous in that comments are made that maybe next year there will be six two-year schools of medicine. This is carrying the Indiana program a little bit fast, it seems to me, and I have reserved judgment on this until the whole commission has the opportunity to study this matter further, but it is a little nerve-wracking at this stage and I hope it will be beneficial to all of us.

Dr. Irwin's comments were further discussed by Dr. Corcoran, Dr. Kerr, and Dr. Steen.

CHAIRMAN: This concludes the reports of guests. Now to skip to Item K-3 so that we can take action on this and report it to the Commission on Constitution and Bylaws so that it can be put into effect and presented to the House. This is the resolution to correct something that happened at last year's meeting so far as the Board recommended three three-year terms for members of Blue Shield Board of Directors. As you know, the House reversed our opinion and mandated that the Board of Directors term be limited to two consecutive terms.

After review of the resolution, the motion was made that the resolution be adopted and forwarded to the Commission on Constitution and Bylaws. Motion was seconded and question was called, put to a vote, and was carried.

Matters Referred by Executive Committee

CHAIRMAN: We will now go to matters referred by the Executive Committee. I recognize Dr. Everly, chairman.

DR. EVERLY: At the Executive Committee's request of the board, that we provide a monthly report to you on the fees paid for legal services, I report to you as to fees paid legal counselor, the amount of $372.00.

This brings us to a matter of policy statement as far as legal matters are concerned that come to the headquarters office. Heretofore it has always been dumped into Mr. Waggener's lap to take care of these matters that are referred from our constituents and perhaps even from hospitals. Legal matters come to us from hospitals and now we wonder whether or not it is ISMA's responsibility to provide legal answers to these questions. Also, we have requests from physicians many times that deal with what we feel are personal matters, such as tax matters, etc. The Executive Committee brings to you the recommendation that in the future that all requests for legal opinions be presented to the Executive Committee, who will make decisions as to whether or not the legal opinion requested is one which should be financed by the association or be financed by the person requesting the opinion.

CHAIRMAN: Gentlemen, you've heard the explanation on this. What is your opinion.

The motion was made, and seconded, that the Board instruct the executive secretary to submit any unusual matters for legal action to the Executive Committee for review, and that the state association be responsible only for matters which have statewide application or general application for the membership. The motion was seconded, and discussed by several; the question being called for; the motion was put to vote and carried.

DR. EVERLY: The president has very ably covered the plan for the retreat at French Lick. I think he should be aware that we figured this would be an expense to ISMA of roughly $600. It is proposed that we defray the expenses of our representatives, as well as one-half the expenses of the students attending this retreat. Our representation at this will come from the officers and the Board of Trustees and any member who would be interested in attendance at this meeting. The thing that we request from you is to approve or disapprove the financial obligation of the association in financing the expense of our members as well as one-half the cost of the medical students.

The motion was made, approved, of the payment of the expenses of the association's representatives and one-half of the expenses of the students. The motion was seconded, question was called, put to a vote and carried.

CHAIRMAN: I recognize Dr. Corcoran.

DR. CORCORAN: I would hope that many of the members of this Board could attend this meeting and I would like to see a show of hands of those who feel that they could attend.

CHAIRMAN: Perhaps the executive secretary could follow through on these tentative plans with a letter and a post card return to members of the Board and to seek out other individuals if we don't have enough in this group. I would suggest we might include the Commission on Medical Education. Please continue, Dr. Everly.

DR. EVERLY: I have a letter here from a member addressed to Blue Shield concerning the delay in payments and I believe Dr. Ryan has explained the reason for the delay and that any physician in financial trouble could receive an advance from the plan.

I would now like to ask Dr. Steen to explain the project which he brought before the Executive Committee last evening.

DR. STEEN: I propose that on the wall outside of the Board Room that we construct a display similar to the one in the AMA headquarters building which would show pictures of the trustees and the officers of the association, together with an outline of the medical districts in the state of Indiana. I have here a sketch of the plan; it is to be suitably done to match the decor of the building and the woodwork in the building. The project will cost us about $1,400; the pictures could be changed in the frames from time to time. I recommend that the Board approve the construction of this display in the foyer of the lobby of this building. The money would come from the housekeeping fund which is a non-dues fund.

The motion was duly made, seconded; the question was called, put to a vote; and the motion carried.

CHAIRMAN: We will now proceed to the Membership Report. This is published in your Handbook; it is self-explanatory; are there any questions regarding it? I think we just about have time to consider the report of the Ad Hoc Committee on the redistricting of the ISMA medical districts. Dr. Kerr, the chairman, read the report last night and there may be some of you present who did not hear that. The matter was tabled until today's meeting. Dr. Kerr, would you reread your report.

DR. KERR: At the annual meeting of the Indiana State Medical Association in October, 1968, the House of Delegates referred Resolution 68-10 to the Board of Trustees and mandated the Board to act upon the matter and present a definite plan at next year's (1969) first meeting of the House of Delegates. (Reference: *Journal ISMA*, January, 1969, page 130.)

The chairman of the Board appointed an Ad Hoc Committee to study this matter. The committee was composed of Donald Kerr, M.D., chairman, Trustee, Third District; Lowell Hillis, M.D., Trustee, Eleventh District; James Gosman, M.D., Trustee, Seventh District; Hugh Thatcher, M.D., Indianapolis; and Wilson Dalton, M.D., Shelbyville.

The Ad Hoc Committee makes the following report:

"The Ad Hoc Committee of the ISMA Board of Trustees met in the state headquarters to consider the proposals for the reorganization of the ISMA Board. Pres-

ent were D.M. Kerr, M.D., chairman, Hugh Thatcher, M.D., James Gosman, M.D., and Lowell Hillis, M.D. Absent was Wilson Dalton, M.D.

"The various articles of correspondence pertinent to the problem were reviewed and an in-depth discussion of the problems involved followed.

"The committee presents the following as the basis for the report to the House of Delegates as the mandate requires:

1. There shall be no alteration of the present geographic boundaries of the trustee districts.
2. Representation on the Board of Trustees shall be on the following basis:
   (a) Each district shall have at least one trustee and one alternate trustee.
   (b) In order to give a more equitable representation on a population basis, it is the opinion of the committee that each district should be entitled to one trustee for each 600 active members. In addition, if and when a district membership reaches an additional 30 active members, that district shall be entitled to an additional trustee. It shall not, however, be accorded an additional or third trustee until the active membership of that district shall be at least 1,501.

"The committee recognizes that this will require a revision of the Constitution and Bylaws and that there will consequently be a delay in implementing this recommendation during which time other proposals may be considered which can be within the framework of the constitutional revision."

Humbly proposed,
D. M. Kerr, M.D., chairman
James Gosman, M.D.
Lowell Hillis, M.D.
Hugh Thatcher, M.D.

The Board of Trustees voted to accept this report of the Ad Hoc Committee to the Commission on Constitution and Bylaws to implement the suggested revisions if the Resolution is favorably acted upon by the House.

CHAIRMAN: Do we have a recommendation as to how this should be presented to the House of Delegates.

I would like to refer to the action of the House of Delegates at the 1968 meeting. Here it is: "Referred to the Board of Trustees and the Board mandated to act on the matter presenting definite plans in the next year's first meeting in the House of Delegates." We have arrived at this report and I think it is a definite plan; I think we could go ahead and ask the Commission on Constitution and Bylaws to draft an amendment which would encompass the principles of this plan. Does anyone have a different opinion on this?

COMMENT: I think there might be some joint action; this Board formulate a resolution and submit it to the House as we were mandated to do.

Further discussion was had on this subject and a motion was duly made and seconded that the Board prepare a resolution to present to the House of Delegates explaning the action and that the Board refer this also to the Commission on Constitution and Bylaws to prepare the necessary amendment.

Question was called; the motion was put to a vote and carried.

CHAIRMAN: There being no reports from the commissions for consideration, we will now move to the report on the current medical defense cases. These cases are pending as of July 31, 1969, and are for your information.

Motion was duly made, seconded, and carried that the report be accepted for information.

New Business

CHAIRMAN: We will now move to New Business. Resolutions to be submitted to the 1969 meeting of the House of Delegates. I call your attentoin to the resolution on SAMA which was discussed at the last Board meeting and has previously been sent to you and I would like to know whether or not it is the wish of the Board that this be submitted to the House of Delegates.

The resolution was discussed, motion duly made and seconded, and was agreed that this be presented to the House of Delegates in its present form.

CHAIRMAN: I call your attention to the second resolution which deals with the dues increase, raising the dues effective the first of January by an additional $10. Is there a discussion?

The resolution was discussed by several and a change was recommended and was properly made. It was also suggested that there be a clause inserted in the resolution which would tie future needs for dues increases to the cost of living index as prepared by the National Bureau of Labor Statistics.

It was decided that rather than incorporating all the suggestions in one resolution that two resolutions be prepared to incorporate these various suggestions; therefore, two resolutions, namely No. 69-23 and No. 69-24 were put before the Board for a vote.

Motion was duly made, seconded, to place these resolutions before the House of Delegates; the question was called for and upon the vote it was carried that these resolutions be presented.

CHAIRMAN: We will now move on to the other resolutions to be presented to the House of Delegates. I think you have all reviewed these and we will review them in greater detail at our meeting just prior to the meeting of the House; but if anyone has any questions or comments concerning any of these, I think it should be brought out now.

DR. KERR: I would like to comment on Resolution 69-1 on sex education. I would like to have some substantiation that there has been a careful study and I would like to know by whom and I would like to know the real evidence that the purpose of these is to further deteriorate the morals of our youth, which I do not believe.

CHAIRMAN: Any other comments?

A comment was called for on Resolution 69-22 on the Board of Trustees concerning SAMA representation in the ISMA House of Delegates. **Motion was made to recall this resolution for further discussion. Motion was seconded, put to vote, and carried.**

Discussion was then held by many on the Board concerning the wording of the resolution and whether or not SAMA should be given a voting representation or just representation in the House. **A motion was made and seconded that the resolve be reworded to state that SAMA would have a voting representative in the House of Delegates.**

Following discussion the motion was put to a vote and lost.

CHAIRMAN: This concludes our new business; is there any other new business from the floor? The chair recognizes Dr. Hillis.

DR. HILLIS: I would like permission to call from another meeting one of my cohorts on my hospital staff so that we could discuss a problem.

Permission was granted for Dr. Richard Glendening to speak before the Board.

DR. GLENDENING: The problem in our community is one of foreign graduates. We have this specific problem. A man in our community in June of 1968 took the Indiana State Board Examination and failed it. When the county medical society caught up with the problem we learned that he had been granted a temporary permit to practice medicine without the consent of the medical society. I understand that this is a practice which is common and further that the temporary permit may be re-issued for three separate times

while the applicant retakes the examination. On either late Friday afternoon or early Saturday morning we learned that this physician had taken the examination in June and that he had again failed the examination. We further understand that the next meeting of the Medical Examination Board is September 11, and our county society has written a letter to the board objecting to this person's receiving another temporary permit. We feel that the state medical association should back up our desire in this field.

CHAIRMAN: I recognize Dr. Kerr.

DR. KERR: I would like to ask if Dr. Hillis and Dr. Glendening have made reference of this matter to the Grievance Committee of the association? I read your Chapter X, Section 4, "The duties of this committee shall be to receive complaints, appeals or suggestions from physicians or laymen concerning professional conduct." Has this been sent to the Grievance Committee?

DR. HILLIS: There is nothing wrong with his professional conduct.

This was further discussed and a motion was made that this motion be referred to the Commission on Medical Education and Licensure.

CHAIRMAN: Is there a second?

Hearing no seconds, the motion dies for a lack of a second. What action do you care to take?

CHAIRMAN: I recognize Dr. Bowen.

DR. BOWEN: I think we ought to know what the real policy of the licensure board is on this. I think it would be well for the president of this association to write the chairman of the licensure board and have in writing what is the policy concerning the issue of temporary licenses, how many times they can be reissued, and can one practice if he has failed an examination. I think that if we get it in writing from the board so as to what the policy actually is, and if that is the policy, then we should make an effort to try to get it changed.

The motion was seconded, the question was called, put to a vote, and carried.

Reports from Commissions and Committees

CHAIRMAN: We would now move to Board Liaison Committee with Blue Cross.

DR. TAYLOR: I would only report at this time that Blue Cross has still not elected a replacement to the position of the chairman of the board. It's still vacant. There's maneuvering going on which may or may not be resolved at the board of director's meeting later this month. As I understand it, their building program is progressing on schedule. Blue Cross, as previously reported, is operating in the red and at the last report, is going more into the red than they had thought a month or so ago. That concludes this portion of the report.

CHAIRMAN: We will proceed to Board Committee of Business Consultants for *The Journal*. Do you have a report, Dr. Dukes?

DR. DUKES: No, but I have a question on Agenda Item L-5. Where does the Board stand on the matter of the government medical programs.

CHAIRMAN: Dr. McIntosh is still chairman of that committee. To the best of my knowledge he did not have a meeting and has no report.

The matter of the board committee and the government medical programs and the use of Blue Shield field men were discussed by many.

A motion was made that Dr. McIntosh again resume direction of the Board committee relative to the matter of comprehensive health planning and pick up his actions where he has left off. The motion was duly seconded, the question was called, put to a vote, and carried.

CHAIRMAN: We will now move to the report of the Board Committee on Emergency Medical Services. Dr. Hillis, do you have a report?

DR. HILLIS: There is nothing to say until we have a report from the commission unless Dr. Schoen has something which he wishes to comment upon.

CHAIRMAN: Hearing none, we will then move to the report of the Board Committee on Orientation of New Members. Dr. Clark.

DR. CLARK: Your committee has met previously to this. A program has been worked out. The program for this year is very similar to what it was last year. We have made one addition, and that is extending an invitation to the senior medical students at the Indiana University School of Medicine to attend this meeting. There have been about 600 invitations sent out; also letters have been sent out to various county presidents, urging them to have their members attend this meeting. I think this is a good program and I certainly want to urge all the trustees to contact the new members in their area.

The motion was duly made and seconded to accept the report and to commend the chairman for his excellent work.

The motion was put to a vote and carried.

CHAIRMAN: Do we have a report from the Board Committee to Study Membership Matters. Dr. Bowen.

DR. BOWEN: You had the report presented to you last night, a tabulation of the report of this committee.

CHAIRMAN: Dr. Reid, does your Committee on Medical Use of Computers have a report?

DR. REID: I have spent a considerable part of five days in California and I came away from there completely discouraged concerning our own program because of the experience of the group in California who have been working on a similar program.

This has caused us to do a little backing up and restructuring and our problems were further complicated by the awareness that funding was something more of a problem than we had thought. It is not so much from the point of view of getting the money, but in getting money that was essentially unencumbered, so to speak. Many things have happened in the interim but I think three things in particular that bear on our present situation. The first, IBM, as of June 23, has changed its policy. Most of you probably know that they, although in the business of computers, they are in the business of selling hardware primarily; and they have in the past provided the so-called software system program and logical advice as a part of the package. In late June they announced an across the board three to four percent reduction in the cost of their hardware. At the same time they announced that they would provide these programs at cost, whether you are a user of IBM equipment or not, and you might avail yourself of their services. This is especially helpful for us right now in terms of feasibility programs, particularly in those areas where we would anticipate using their equipment. Secondly, the development of the electrocardiographic interpretation by applied computer took a big step when the Mt. Sinai Hospital got their program off the ground.

Lastly, and I think in many ways most important, the Strange Clinic in New York, of which many of you are familiar has recently interested itself along with RCA, in what is known as a selective-screening concept. This is a new application in computers which starts in the very beginning in history taking of all the findings that are inputed and programs the subsequent diagnostic efforts on the basis of need.

They structure this from the World Health Organization's 32 killer-disease concept which gives them a nice programming package, although it has been worked out in great detail, they are a long way toward a really effective selective-screening concept. This is important, obviously,

because for the first time there is a real opportunity for reducing costs, by the utilization of a computer and presumably without seriously affecting the effectiveness of the program.

As I indicated, we are presently in the process of developing a contractual arrangement with the Mt. Sinai people and with our hospital. Our goal at the present time is in implementing a program, gaining experience with it and we hope to accomplish this within a six-week period. We will employ quality control programs at two levels, one at Mt. Sinai, and a local quality control program through our own hospital facility. We are quite encouraged about this getting started in good shape and I think all of us in our community have had a renewal of enthusiasm because of the prospect that it might be getting underway very soon. It is our hope that within six months after we have instituted this program, we will have the personnel and the equipment necessary to undertake our own type of history technique, employing some of the methods I related to you last May. And hopefully, if we can continue to discuss profitably with RCA, we hope to implement our own type of selective screening programs here. I think we, perhaps, within six months, can have a record sheet which some of you can look at and get a little more finalized concept of whether all of this is worthwhile or not. Thank you.

CHAIRMAN: Any questions of Dr. Reid? Hearing none, that concludes our agenda. The date of the next meeting of the board is scheduled for 2:00 p.m., Monday, October 13, 1969, in Parlors A and B at the Columbia Club in Indianapolis. I will entertain a motion for adjournment. **Motion made, seconded, carried, and the meeting was adjourned.**

BOARD OF TRUSTEES

October 13, 1969

The meeting of the Board of Trustees was held in the Ballroom of the Columbia Club at 10:00 A.M., Monday, October 13, 1969, with Donald R. Taylor, M.D., chairman, presiding.

Roll call showed the following:

District	Trustee	
1	Gilbert Wilhelmus, Evansville	Present
2	Joe Dukes, Dugger	Present
3	Donald M. Kerr, Bedford	Present
4	Robert M. Reid, Columbus	Present
5	Wilbert McIntosh, Riley	Absent
6	Stephen Smith, Knightstown	Present
7	James Gosman, Indianapolis	Present
8	Donald R. Taylor, Muncie	Present
9	Peter R. Petrich, Attica	Present
10	Vincent J. Santare, Munster	Present
11	Lowell J. Hillis, Logansport	Present
12	William R. Clark, Ft. Wayne	Present
13	Otis R. Bowen, Bremen	Present

District	Alternate Trustee	
1	Eugene Austin, Evansville	Absent
2	Betty Dukes, Dugger	Present
3	E. L. Wallace, New Albany	Absent
4	Jack Shields, Brownstown	Present
5	C. M. Schauwecker, Greencastle	Present
6	Frank Green, Rushville	Present
7	John O. Butler, Indianapolis	Present
8	Paul W. Sparks, Winchester	Absent
9	Lindley H. Wagner, Lafayette	Absent
10	C. T. Disney, Gary	Absent
11	James A. Harshman, Kokomo	Present
12	Frederic Schoen, Ft. Wayne	Present
13	G. Beach Gattman, Elkhart	Present

Officers:

Patrick J. V. Corcoran, Evansville	Present
Lowell H. Steen, Hammond	Present
Lester H. Hoyt, Indianapolis	Present
Malcolm O. Seamahorn, Pittsboro	Present

Executive Committee:

Ralph V. Everly, Indianapolis	Present
Burton E. Kintner, Elkhart	Present

Delegates and Alternate Delegates to AMA:

Guy A. Owsley, Hartford City	Present
Jack E. Shields, Brownstown	Present
Don E. Wood, Indianapolis	Absent
Eugene Senseny, Fort Wayne	Present
Frank Green, Rushville	Absent
Maurice E. Glock, Fort Wayne	Absent
Dwight Schuster, Indianapolis	Absent
James Harshman, Kokomo	Present
Eugene S. Rifner, Van Buren	Present
Kenneth O. Neumann, Lafayette	Present

Guests:

Richard Ingram, Montpelier, Trustee-Elect, Eighth District
Thomas C. Tyrrell, Calumet City, Alternate Trustee-Elect, Tenth District
Glenn W. Irwin, Jr., Dean, Indiana University School of Medicine
Andrew C. Offutt, State Health Commissioner
Glen V. Ryan, Chairman, Board of Directors, Blue Shield
Mr. Clem, Blue Cross-Blue Shield
Glen Ramsdell, Richmond
Dr. Felice Manfredi, Indianapolis

Staff:

Robert J. Amick, field secretary
Howard Grindstaff, field secretary
Kenneth W. Bush, administrative assistant
James A. Waggener, executive secretary

CHAIRMAN: The minutes of the meeting held September 6 and 7 will be passed out for your review and we will defer action on these until the meeting tomorrow morning.

CHAIRMAN: I would like to introduce two men who will become members of the Board of Trustees following the close of this convention. The first one I would like to introduce is Dr. Richard Ingram of Montpelier, Indiana, who will be my successor as trustee from the Eighth District. Dr. Santare, do you have an introduction?

DR. SANTARE: I would like to introduce Dr. Thomas Tyrrell, of Calumet City, who will be the alternate trustee from the Tenth District.

CHAIRMAN: Welcome, Gentlemen. You will get an idea of some of your duties during this meeting and those that follow of the Board.

I will also announce the breakfast meetings of the Board will be held on Tuesday, Wednesday, Thursday and Friday mornings and are scheduled at 8:00 a.m. They will be held in Parlors A and B of the Columbia Club. Food will be available for serving at 7:45 and I would hope that we can get our meeting started at 8:00 a.m., or as shortly thereafter as possible.

Reports of Guests

CHAIRMAN: In order to save time for our guests, I am going to call on them for their reports at this time. Dr. Irwin, Dean of Indiana University School of Medicine.

DR. IRWIN: I will try to give you a very brief profile of the student body. I think you would be interested in knowing that this year we accepted 227 freshmen medical students, which is the largest in our history and perhaps the largest in the nation. 202 of these freshmen students entered medicine at the Indianapolis campus, 20 at Bloomington, three at Purdue and two at Notre Dame. The programs at Purdue and Notre Dame are pilot projects which we have had now for two consecutive years. These 227 medical students were selected from a total applicant pool of 1,207, of which 530 were Indiana residents. About 52 students who are residents of Indiana went to medical schools other than here in Indiana. This year we have 11 Negro applicants, of which we accepted six. Two of them have gone to other medical schools—one to Kentucky and one to Tufts, so as a result we have just four Negro students in our freshman class at this time.

The geographic distributions of these students are as follows: 45 came from Marion County—23 from Lake County—14 from Allen County—11 from St. Joseph County and 10 from Vanderburgh County. I believe you would also be inter-

ested in the source of the pre-medicine training. Nineteen Indiana colleges and universities are represented in the class and 32 colleges and universities outside the state of Indiana account for the freshman class. Indiana University provided 109 but, as usual, does not provide even 50% of the class. Ranking second this year was Purdue with 23 and Butler, DePauw and Wabash each account for eight.

In breaking down the father's occupation of these students, we found that business managers rank first with 30—those having physicians as fathers were second with 28—those coming from a salesman family rank third with 22. One of the most surprising factors of this year's class is the high percentage of single students. Of 227 —213 indicate that they are single. This figure has gone up some and I think it is a sign of the times—namely, that with the decrease in the amount of loan money and of scholarship money available, perhaps this is a factor in less students being married.

One of the biggest problems facing the Admissions Committee is the high caliber of academic performance of these students. For example, the average of all subjects taken by these 227 students was 3.4 on a 4 scale. The science average for all was 3.3. This does not mean that we do not go below 3.0—as we did—but we could have easily filled the class if we had based it entirely on academic performance like so many schools do. We could have filled it with 3.1 and better students.

There is a total of 889 students in our school at the present time and we anticipate 214 graduates, which will be the largest graduating class from our school.

Now, a few words about the financial status—our basic operating budget which comes from the General Assembly and the university is $5.9 million this year. That is prorated at $6,700 per student. The national average per student this year is double that; over $13,000—and one of the ways we keep our doors open is that the faculty and the administrator still are able to raise money from numerous other sources. In fact, we anticipate this year raising $11.7 million for training and research, which helps to recruit faculty and keep these large classes intact. The capital appropriation this year for building from the 1969 Assembly fell off to 3.5 million —in 1967 it was 12.5 million and in 1965 over 9 million; so we have suffered significantly on capital funds this year.

Later this week, I think all of you will be very pleased, as I am, in that an announcement of a very substantial gift from this state medical association, through its Indiana Medical Education Foundation, will be made. This money will go for the support of four new chairmen which have been recruited for this year and others in these departments, as well as for certain projects that students need and desire very much. We have a new chairman in Pathology, Clinical Pathology, Ob-Gyn and Pharmacology. To recruit people of national stature in these fields requires a fair amount of support, fiscally and otherwise.

Last year, Indiana ranked first in the nation as far as number of medical students and ranked 47th in the nation as far as full-time faculty is concerned.

All of you, I know, are interested in the Governor's Commission on Medical Education. There will be much activity in the coming year from this new commission. Under consideration by the commission is the creation of several centers throughout the state of Indiana that can offer medical education programs with the idea that students will enter these several centers, then come to Indianapolis for perhaps two years and then would take an elective year, which may be throughout the state. The school is cooperating as much as we can with this commission. Area meetings are now being scheduled so that the commission may meet with educators, physicians, and local members of the Legislature, to study the resources at the present time in the various communities and what it would take in the future and near future from not only a faculty standpoint but also from the standpoint of space and finance. Seven cities will be centers for these meetings and will include Indianapolis, Evansville, Terre Haute, Lafayette, Lake County, South Bend, Fort Wayne and Muncie. The Governor has indicated that there would be money which could be diverted to this commission to create such programs as they envision.

It is obvious that we have a lot of exciting programs going on in Indiana as far as medical education is concerned. My only hope is that we have proper support for our school here in Indianapolis to grow and be able to pull off an innovative program which is being discussed.

CHAIRMAN: Any questions?

DR. SHIELDS: Are you going to be equipped to take care of this overflow from throughout the state, if these programs are established?

DR. IRWIN: I can't answer that specifically but right now we are obviously not equipped to take care of them from the standpoint of teaching space, hospital space or faculty, but that doesn't mean that if the next General Assembly takes care of us we could not be ready in a few years.

DR. REID: Do you anticipate that the new curriculum concepts that you have been working with the last few years can be coordinated in this kind of program?

DR. IRWIN: Yes, I actually think the new curriculum which we are now in makes this kind of program possible. Without this new curriculum, I think it would be very difficult to have the flexibility to utilize the community hospitals and other state institutions of higher learning.

CHAIRMAN: If there are no other questions, we will proceed to call on Dr. Offutt, State Health Commissioner.

DR. OFFUTT: I have about three items which are largely information of which I would like for you to be aware and one which I would ask you to consider in some depth.

With respect to comprehensive health planning, we have begun issuing provisional approval. In many instances, the issuance of provisional approval does contain statements that there are some areas of their organization and program which need clarification. We have further announced that the Board of Health would be glad to send people out to the various communities to work with them to get their programs in proper proportion. The biggest problem so far has been to talk to counties to get them to set up some sort of a planning organization within their own community. Many counties are quite willing to turn this over to the large cities in the area. This leads me to the next item.

We will, in the next few days, hopefully within the month, issue a tentative set of boundaries for areawide planning. We have taken these boundaries which were set up during the last administration and there are several reasons for this, many of which are too detailed to go into at this time. We do not propose to send these out with the idea that in the final analysis they will receive acceptance. We will simply send them out with the idea that they will be discussed, locally, and the decision will be made and referred to the state committee for decision.

I am also pleased to report to you that since the close of the last session of the Legislature, I have had many good meetings which are still in progress with the subcommittee on Health and Welfare of the Legislative Council. During my tenure as State Health Commissioner, I have never seen this much legislative interest in health matters. I hope it goes as well as it seems to be going at the moment. The interest is largely in preventive programs and always with the emphasis be-

ing placed on cost.

I have mentioned to you in times past of the possible strength of the comprehensive health planning program with respect to federal grants. I now can tell you that the Bureau of the Budget has sent out the document to all the states asking that a clearing house for federal expenditures be established in each state. Now, this is a clearing house for all federal funds—highway, and the whole ball of wax. I don't know what will be done in Indiana at the moment. I have discussed this with the Governor and I am not sure what action he will take. I have, however, requested that the State Board of Health be named as an agency to actually examine requests for federal funds for health programs. I have also mentioned to you in times past that my firm belief is that comprehensive health planning is here to stay. I have been told by some people in Washington that perhaps in March, 1970, hearings will begin on a law to extend Public Health Law 89-749 so it looks as if possibly not only will the program be continued but may be broadened to include other items.

The other matter which I believe merits consideration, and I solicit your feelings on, has to do with the matter of Title 19. I wrote to President Corcoran early in this month, and to Dr. Taylor, about the problem which has now arisen with respect to the State Board of Health's participation in Title 19. The problem is this —as you all know, under Title 19, the law requires that a single agency be named in the state. This was quite proper in Indiana in the welfare department. At the same time the welfare department was empowered to contract with other agencies in the state government for certain functions. For many years we have worked with the welfare department in the management of day care centers in which we do the inspecting for the department.

I have had a series of meetings since the passage of the act in the last General Assembly which required that all nursing home operators be licensed by the state. Now, this is another licensure program in addition to that which we have done since 1967. This is a personnel licensing program, so we will have a group, and there is a board set up to do this whose responsibility will be to examine and license the operator. We will have the Board of Health licensing the facilities and we will have the Department of Public Welfare enforcing the items under the provisions of Title 19. Title 19 also envisions the changing of names of nursing homes as we now know them—for example, the comprehensive care home, under Title 19, will become a skilled nursing home. The ones currently licensed as residential care homes will probably, under Title 19, become the intermediate care facility. The discussion in Indiana at present is that there will have to be two levels of these so you will have a skilled nursing home—under that will be advanced intermediate care facility and then an intermediate care facility and then possibly a boarding home. In addition to this you will also have a comprehensive care facility which legalizes a residential care facility, which we will license, and a boarding home, which we will license. Now, these are the ones you have been living with since 1958. I have been asked what we are going to do about the regulations in respect to the approval of homes under Title 19. I usually answer this question by asking one of my own and that is—what are we going to do with a home who does not want to participate in the Title 19 program, because it is possible for a home not to participate if they do not care to take welfare patients. The problem that arises is—what does the State Board of Health do with its regulations? My contention is this—and this is what I would like your support, or hopefully your support concerning—that these two programs should properly operate together. These two programs should be the state licensure programs and the state participation in Title 19 and that in so doing we have requested the Department of Public Welfare to adopt the regulations for the homes participating in Title 19 and we continue to license the homes that fall under the Indiana Act for Nursing Home Licenses. I can see immediately the complications that will arise and I do not know how to avoid it.

CHAIRMAN: **Motion was made and seconded to accept Doctor Offutt's recommendations. It is now open for discussion.**

(The question was asked—should we have one set of standards?)

DR. OFFUTT: This is the way I felt about it originally and for the reasons cited it would make it simpler for everybody. The thing that happens is that some of these people who operate nursing homes would also like to operate them with the state and not with the federal government. The second thing is that there are some nursing homes which exist in some of the counties that can't possible meet federal requirements, and I am afraid we will always have some homes that will just about meet the regulations but won't quite meet them, and the reason we are going to have these is that this is about all some people can pay for. An example of a problem that finally came home to roost is there was a nursing home that was actually doing a fine job for a group of people with incomes too low to live alone—they are also too crippled to live alone—and yet they are too rich to be on welfare, and in addition they don't want to be on welfare. This home does not meet our standards and to ask the operator of this home to spend the money to meet the standards necessary is somewhat ridiculous. We probably will not license them but we probably will not harass them either.

(This question was further discussed by Drs. Wilhelmus and Reid).

The chairman called for the question, it was put to a vote and the motion was carried.

CHAIRMAN: We will now proceed with the report from Dr. Ryan, chairman of the Blue Shield Board of Directors.

DR. RYAN: Since my last report to you on the 7th of September, the computer has been coughing up some money and doing a real good job of it. I might explain this by giving you a few figures. On September 20, the backlog, not including current business, was $4,250,000 —by September 26, $2,177,000 had been paid to doctors and members. Now, this includes some of the backlog and current business and as of October 3, $4,087,000 was paid to doctors and members. This makes the total of $6,200,000. I do not mean to report to you that everything is rosy, as there are about 2,000 claims in the house that have not been cleared up as yet. You received a letter under date of October 8, stating the backlog was cleared up and that current business was up to date and that there are still 2,000 claims unprocessed and in that letter it gives the instructions for you to send in another claim, or how to go about collecting. Otherwise, I think things are in real good shape as far as claims are concerned with Blue Shield at the present time.

CHAIRMAN: Thank you, Dr. Ryan. Does anyone have a question for Dr. Ryan? If not, we will proceed to hear a report from Mr. Clem concerning the Blue Cross-Blue Shield program for the doctors' group. This is in a blue book that is in front of you.

MR. CLEM: The purpose in my being here today is to present for your consideration the additional benefits that have been requested by physicians throughout the state, and which many thought should be added to your program, sponsored by the Board of the Indiana State Medical Association. I believe the outline which we have prepared for you explains in detail the additional benefits to be added and their costs.

(The material was discussed by several).

CHAIRMAN: We have been requested to give an early approval, or disapproval on this proposal. Would you like to lay it on the table for a day or two and discuss it at one of the breakfast meetings, so you will have a little more time to review this proposal and to think about it?

Motion was duly made to table, seconded, put to a vote and carried.

Economic and Organization Matters

CHAIRMAN: We will move on to unfinished business — Item F-2 on Resolution on Redistricting. I would like to report to you that in the post card balloting, only three disapprovals were received. The Resolution has been printed in the Handbook, and I think this has been discussed rather thoroughly. We will defer any discussion on that until we get to the resolutions.

CHAIRMAN: In the absence of some of the officers, let's move now to agenda Item K-1. You will note that we have listed all the matters referred to each of the Reference Committees under the Reference Committee name. We thought it would be easier for you to follow this material.

A general discussion then was held on the various resolutions.

Following discussion of the various resolutions, the chairman announced that they would return to the agenda.

Reports of Guests

CHAIRMAN: Next item is the Reports of Guests and we will now hear from Dr. Ramsdell of Richmond, Indiana.

DR. RAMSDELL: I want to thank the Board for giving me the time. We have two objectives. One is to inform the group as to what is being done and the second objective is to ask for a letter of endorsement for what is being done. With me is Dr. Felice Manfredi, Professor of Medicine at Indiana University and Chief of the Nontubercular Respiratory Disease Section of the Veterans' Hospital on the I. U. campus. Dr. Manfredi has initiated an Indiana Chronic Respiratory Disease Control Program and I have asked him to appear here with me to tell you of this program. We would hope, as a result of this presentation, to receive your endorsement by letter so that this program may be presented to the Indiana Regional Medical Program.

DR. MANFREDI: We became very concerned about the Indiana chronic respiratory program in the state of Indiana and we decided to look into the possibility of improving it. We became concerned because of the high morbidity and high mortality. (Dr. Manfredi then detailed their ideas and several members of the Board asked Dr. Manfredi questions concerning the details of their thinking.)

CHAIRMAN: Dr. Ramsdell is asking that we endorse this program for inclusion under the Regional Medical Program. Do I have a motion?

Motion was duly made and seconded to endorse the program. The matter was further discussed. The chair recognized Doctor Gosman.

DR. GOSMAN: Being a member of the Executive Committee and the Board of the Regional Medical Program, I would prefer to defer action on this until I have heard more about the real basic underlying program that they plan and I would propose to amend the motion and endorse this proposal in principle.

CHAIRMAN: It has been so moved that we approve the endorsement, subject to verification with the Regional Medical Program people. **The amendment was put to vote and carried and the main motion, as amended, was then put to a vote and carried.**

CHAIRMAN: Time being a factor, we will defer our continued discussion on the other resolutions until the meeting tomorrow morning.

Reports of Officers

CHAIRMAN: We will now proceed with the Reports of the Officers. First to be recognized is Dr. Hoyt, treasurer.

DR. HOYT: A report is contained in the Handbook under Item G.

The printed report was reviewed and by motion duly made and seconded the report was accepted.

CHAIRMAN: I now call on Dr. Ramsey, editor of *The Journal.*

DR. RAMSEY: We have the unaudited report of *The Journal* finances for the year and it looks as though we will be a little on the good side of the ledger. Mr. Waggener has had some conferences with the attorneys and with our certified public accountants recently and a little later he will announce to you the results of those conferences. In addition to this report on *The Journal,* I would like to report that we have also received an announcement from the Internal Revenue Sevice, which has ruled that our Indiana Medical Foundation is tax exempt in all categories so long as we do not engage in any commercial enterprises of unrelated business.

CHAIRMAN: Thank you, Dr. Ramsey. If there are no questions for the doctor, we will accept his report.

CHAIRMAN: In order to meet our time schedule, we will now move ahead with reports of other officers. Dr. Corcoran?

DR. CORCORAN: Thank you: Mr. Chairman and members of the Board. This is probably the last formal full address report which I will have the privilege of giving to you as president. I am already conscious of the fact that the yoke is about to be removed from my over-burdened shoulders and I must say I do not entirely look forward to it with regret. I have been led to believe that I may find my jokes will be less hilariously received and my words may be less attentively listened to next week. I thank God I no longer play golf so I don't have to worry about my golf score, but the presidency, as Mr. Johnson told Nixon, unless you are a father, you don't know what it is, and it's true. You don't know how tough it is, but I must say that the job takes more time and attention than I thought it would and I presume this is the experience of everyone. There is a lot of work going on in the association, and it is escalating. I would say that the presidency might address itself less to ritualistic demands and that we should speak, as president, to key groups, and places where there is opinion-molding potential and frequently these may very well not be friendly groups. I think it might be well for us to consider that the president-elect, some of the immediate past-presidents and knowledgeable officers carry on some of the ritualistic work and conserve the president's time. I am also suggesting that the visits to other states and other associations be made by the president-elect rather than the president, so that he would thereby have the benefits of having their full effect during his term as president.

I would also like to report to you that we did have the Retreat Seminar of students, faculty and officers of the association at French Lick on September 20 and 21st. Every report I have received has been enthusiastic concerning the meeting and the accomplishments made at our first effort of this type.

I regret to report to you that the joint meeting planned by our association and the hospital association for chiefs of staff, hospital administrators and members of the Board was called off due to inadequate response for attendance at this meeting. I think this was caused by not sufficient lead time. There were many factors which were not the responsibility of our own headquarters staff. I do recommend that this idea be further pursued because of the number of communica

tions which I have received indicating many of the physicians were disappointed that the conference was not carried out.

The Advisory Committee on Health Care has really been doing what I think is an excellent job. I plan to make a summary report to the House tomorrow. As many of you know this committee is composed of rather prominent citizens and several of them will be guests at the President's Dinner Wednesday Night.

There are two items which I propose to present to the House tomorrow, which I would like to relate to you and to hear if you have any attitudes or comments to offer before they are presented.

One has to do with my concern about the relation of fees—the fee structure which I think ought to be given from the total view. The fees for various professional services should be fairly apportioned, based on the skill and training required, the time and the effort expended, and the risk and the responsibility entailed. As these factors may change, particular charges should be revised upward or downward accordingly. This evaluation should be an on-going function in our own hands. Sooner or later this will have to be done. I believe it will be better for us to do it ourselves on our own initiative. The reason I believe this is as costs go up, the attention to them is going to escalate and the factors which will be analyzed further, and undoubtedly means of attempting to control them will be brought into even more acute view.

Each of us establishes our charges and fees according to our own particular practice and we don't really understand how those of other practitioners and other segments of the profession are doing and until we relate this I am not certain that we are in a good position to rush out and take a public position when we are under attack and it's certain that some things change in the complexity and should be changed upward and a few downward in relation to others.

Now, the other matter which I would like to alert you to is that I am going to talk about the importance of the role of the House. At the Michigan State meeting last month, I was impressed at the amount of attention which they gave in their House of Delegates to the selection of their delegates to the AMA. The point was made in speeches of considerable eloquence that this was the most important job that the association does; how it carries itself to the national organization. It is my belief that among the most important decisions that we make are our selection of officers and our delegates to the AMA. The caliber of our AMA delegates, the quality of their performance, the force with which they represent our interests, and the attentiveness they give to their duties are highly significant. The House should carefully assess these factors. I do solicit from you your candid comments concerning this point.

CHAIRMAN: Thank you for your report, Dr. Corcoran. I will now recognize our president-elect, Dr. Steen.

DR. STEEN: First, I want to announce that the organizational meeting of the commissions will be on Saturday night, November 15, followed on Sunday, November 16, by the County Society Officers Meeting. Now, we have scheduled these meetings early this year so we have plenty of time to permit the county societies to get the programs organized prior to the time their officers are out of office.

The other thing we would like to do next year is to schedule meetings so that the headquarters office needs to be open only every other week-end. From the big pile of papers I have the tabulation of days the staff is tied up, at least for the past year, on Sunday—they have only three or four Sundays off all year. I see no reason why we can't schedule well in advance so as to give them some free time and I think we might cut a few costs too by doubling up on the number of commissions and committees that meet on Sunday. We are going to ask all of the commissions to establish their meeting dates at the time of the organizational meeting so as to permit everyone to know well in advance when they will meet and thereby permit maximum participation on the part of the commission's members, as well as members of the Board. One of the criticisms which I have received in letters from the members is that they did not know in adequate time when their commissions were going to meet, and as a result couldn't arrange to be present. If they know a year in advance, that should eliminate that particular problem.

Another thought I have is about our potential of assisting the district societies, and in some instances, county societies. Perhaps we could give more staff time to help some counties who have to rely in toto on busy practicing physicians who really don't have the time to make all the arrangements for the meeting and to obtain the program and do a lot of the paper work. This would add to the load of work of those who are already involved to a great extent but on the other hand I think this is one of our functions and I think it is worth a try to attempt to get some staff function down at the county level.

The last Board meeting of the year is a traditional time for rendering kudos and thanks, etc. I have many times said that when involvement in organizations such as this ceases to be plenty of work, then it is time to get out of it. Work in this particular organization has always been fun, and still is. I have enjoyed the friendship and support of all of you and have made many close friends throughout the years. I do appreciate the many things which you have done to make the job easier and I look forward to your continued support within the next year and hope we can accomplish at least one or two things.

CHAIRMAN: Thank you, Dr. Steen. Mr. Waggener has passed out a report from the air conditioning consultants concerning the problem we have at the headquarters office. It isn't any better now than it was when we had a meeting there in the middle of the summer.

DR. STEEN: To deal with this briefly, Mr. Chairman, I would say that having hired an engineer who has done a very good job in evaluating these bids, and his recommendation is that Bid 4 be the one to be accepted—for the purpose of discussion, I will move that the report be accepted.

CHAIRMAN: Do you all have time to look through this? **It has been moved and seconded that we accept Bid 4 for new air conditioning equipment. Are you ready for the question? Motion called for. Motion put to vote and carried.**

AMA Delegates' Report

CHAIRMAN: We will now have reports from the delegates to the AMA.

DR. OWSLEY: Mr. Chairman and members of the Board. I would like to anticipate two events in Denver. I am not sure you are going to have another Board meeting before the Denver clinical meeting, but one of these will be the meeting of the Council on Medical Services holding a Congress on Peer Review on Saturday, November 29. The history back of this is that we held a meeting in July with the 12 districts in the United States. It was well attended. There was widespread enthusiasm for more activity and last Sunday your president-elect chaired a regional meeting in Chicago which I attended, along with your chairman from the council. There were representatives there from Indiana, Illinois and Missouri. We will continue the regional meetings on peer review, depending on the outcome of the meeting in Denver. We are still feeling our way. There is still some question in the minds of some that

it will be worthwhile, which we hope it will be.

Now, the second thing I would like to call to your attention is the action which may or may not be taken to the Himmler report. At the last meeting of the Board your president-elect passed out his critique on the Himmler Report. Subsequent to that time, we have taken action on the Council of Medical Services and the action was taken as a result of a request from the Board of Trustees that we go over this report and offer a critique. We are hopeful that our critique will cause the Board of Trustees to withdraw completely any support of this report. Thank you.

CHAIRMAN: Thank you, Dr. Owsley. Do any other members of the AMA delegation care to make a comment? Hearing none, I think we will now go into executive session.

CHAIRMAN: There being no further business, the meeting will be adjourned to meet again at 8:00 a.m., Tuesday.

BOARD OF TRUSTEES

October 14, 1969

The Board of Trustees convened at 8:00 a.m. in Parlors A and B of the Columbia Club on Tuesday, October 14, 1969, with Donald R. Taylor, M.D., chairman, presiding.

Roll call showed the following:

District	Trustee	
1	Gilbert Wilhelmus, Evansville	Present
2	Joe Dukes, Dugger	Present
3	Donald Kerr, Bedford	Absent
4	Robert M. Reid, Columbus	Present
5	Wilbert McIntosh, Riley	Present
6	Stephen Smith, Knightstown	Present
7	James Gosman, Indianapolis	Present
8	Donald R. Taylor, Muncie	Present
9	Peter R. Petrich, Attica	Present
10	Vincent J. Santare, Munster	Present
11	Lowell J. Hillis, Logansport	Present
12	William Clark, Ft. Wayne	Absent
13	Otis R. Bowen, Bremen	Present

Also Richard Ingram, trustee-elect from 8th District, Present.

District	Alternate Trustee	
1	Eugene Austin, Evansville	Absent
2	Betty Dukes, Dugger	Present
3	E. L. Wallace, New Albany	Absent
4	Jack Shields, Brownstown	Present
5	C. M. Schauwecker, Greencastle	Present
6	Frank Green, Rushville	Present
7	John O. Butler, Indianapolis	Present
8	Paul W. Sparks, Winchester	Absent
9	Lindley H. Wagner, Lafayette	Absent
10	C. T. Disney, Gary	Absent
11	James Harshman, Kokomo	Present
12	Frederic Schoen, Ft. Wayne	Present
13	G. Beach Gattman, Elkhart	Present

Also T. C. Tyrrell, alternate trustee-elect, Tenth District, Present

Officers:

Patrick J. V. Corcoran, Evansville	Present
Lowell H. Steen, Hammond	Present
Lester H. Hoyt, Indianapolis	Present
M. O. Scamahorn, Pittsboro	Present

Executive Committee:

Ralph V. Everly, chairman, Indianapolis	Present
Burton E. Kintner, member, Elkhart	Present

Delegates and Alternate Delegates to the AMA:

Guy A. Owsley, Hartford City	Present

Others:

Joe Black and Robert Brown

Staff:

Kenneth Bush, administrative assistant
Robert Amick, field secretary
Howard Grindstaff, field secretary
James A. Waggener, executive secretary

Dr. Taylor, chairman, opened the meeting stating that the Board would immediately review the balance of resolutions and would start with agenda item K-4. I might state that Dr. Alan Fischer, chairman of Reference Committee #2, asked that members of the Board of Trustees and Executive Committee be present at the meeting of his committee as there would be many matters before the committee which they would like to discuss with the officers.

Review of Resolutions

The Board then discussed Resolutions 69-2; 69-13; 69-14; 69-16; 69-17; 69-18 and 69-20.

CHAIRMAN: We will now move to item K-5, matters which are referred to Reference Committee #4. A review was then held on resolutions 69-3; 69-8; 69-10; 69-12; 69-15; 69-19; 69-25; 69-26; 69-32 and 69-34.

CHAIRMAN: We will now move to agenda item K-6, matters referred to Reference Committee #5. Resolutions 69-9; 69-11; 69-23; 69-24; 69-28 and 69-31 were reviewed.

Attendance at Committee Hearings

CHAIRMAN: Since we have reviewed all the matters to come before the House of Delegates, I feel that the time is here for us to decide who will represent the Board of Trustees before the various Reference Committees and I will ask for volunteers.

Dr. Gosman volunteered to attend Reference Committee #2, also Dr. Hillis and Dr. Hoyt. Dr. Hoyt also said he would try to get to Reference Committee #5.

Dr. Scamahorn stated he would accept any assignment. Dr. Petrich was asked to cover Reference Committee #4 and Dr. Scamahorn was assigned to Reference Committee #5. I will ask Dr. Gosman to be responsible for bringing a report of Reference Committee #2 to the morning meeting; Dr. Petrich will be responsible for bringing a report of Reference Committee #3; Dr. Joe Dukes to be responsible for reporting on Reference Committee #4 and Dr. Wilhelmus will be responsible for reporting on Reference Committee #5.

Matters Referred by Executive Committee

CHAIRMAN: We will now receive the report of the Executive Committee. Dr. Everly, chairman.

DR. EVERLY: In accordance with the wishes of the Board to receive a monthly report of fees paid legal counsel, I wish to advise you that for the year we have paid a total of $4,124. You will find medical defense cases which are pending published in your book and I believe the report is self-explanatory concerning the cases still pending.

The Executive Committee voted unanimously to recommend opposition to an effort which we understand is being made to bring in foreign physicians who are not licensed to practice medicine in our state hospitals.

DR. HILLIS: We have an identical situation at Logansport State Hospital and this has been discussed by our county medical society.

CHAIRMAN: I think we had better find out what the present policy of the board is before we take any action on this now. I understand Dr. Klepinger and Dr. Alcorn will both be here tomorrow and I believe we should make an effort to have them appear before the Board at our meeting tomorrow.

DR. EVERLY: The Executive Committee has discussed the emblem which is used by the association and some of the members of the committee are opposed to the current sign we are using. We have a proposal from the Hamilton Display Company to make this sign in a three dimensional or straight painted sign and the design was shown to the Board. We would recommend that we purchase two of these signs in three dimension, including a packing case, for a sum of $630.00. **On motion duly made and seconded, the purchase of these two signs was approved.**

Dr. Everly then expressed his thanks

for the courtesies of the Board for permitting him to serve as a member of the Executive Committee and to report the actions of the Executive Committee to the Board.

1970 Meeting

CHAIRMAN: There is one other item which the Executive Committee discussed that should be brought to the attention of the Board and that is a letter has been received from the Vanderburgh County Society and one from the Evansville Chamber of Commerce requesting that Evansville be excused as being the host city for the 1970 meeting. This is because of the hotel housing situation. The Executive Committee feels that the request should be accepted by the Board and I would entertain a motion to that effect. **On motion duly made and seconded, the request of the Vanderburgh County Society was accepted.**

CHAIRMAN: Now the House will have to act upon a location for the 1970 meeting and I understand that South Bend will extend an invitation to the association. I think we should realize that even though South Bend's intentions are good, they are faced with the same problem Fort Wayne had last year, which is the completion of a hotel currently under construction.

Minutes September 6 and 7 Meetings

CHAIRMAN: We will now move to item J in the handbook, minutes of the meetings held September 6 and 7. And corrections?

DR. HOYT: I call attention to the fact that Dr. Egeberg's name is misspelled on page 6. The editorial change was adopted.

CHAIRMAN: Any other changes or corrections? If not, I will accept a motion for approval. **The motion was made by Drs. Gosman and Petrich to approve the minutes and the motion was carried.**

Reports of Trustees

CHAIRMAN: We will now have the report from the trustees. The meetings of next year are published on the pink page.

1st District: Dr. Wilhelmus reported that the meeting is tentatively scheduled for the third Thursday in May in Evansville, which is May 21st.

2nd District: Dr. Joe Dukes announced that the meeting will be held in Vincennes but no date has been set.

3rd District: The meeting is scheduled for April 1st in New Albany.

4th District: The meeting will be held in Greensburg and no date set.

5th District: The meeting will be held in Greencastle on May 27th.

6th District: The meeting will be held in New Castle on either the first or second Wednesday in May.

7th District: The meeting will be held in Hendricks County and no date has been set.

8th District: The meeting will be held in Muncie on June 10th.

9th District: The meeting will be held in Crawfordsville on June 11th.

10th District: No report.

11th District: The meeting will be held in Marion on September 17th.

12th District: The meeting will be held in Fort Wayne on May 20th.

13th District: The meeting will be held in South Bend on September 17th.

CHAIRMAN: Once again the 11th and 13th districts are scheduled for the same day and it would be nice if the trustees could get together and try to arrange to have the meetings on different dates so the officers may attend these meetings. The field men are working with the district officers setting up these meetings and they are aware of the dates and every effort is to be made to get them on different dates so we may have a broader attendance.

CHAIRMAN: Do any of the trustees have reports from their districts?

Dr. Wilhelmus commented on the plans for the district meeting in Evansville.

Economic and Organization Matters

CHAIRMAN: Let's go on to Economic and Organization Matters. The membership report is published. I call your attention to the fact that our membership at the present time is some 150 more than it was at this time last year.

CHAIRMAN: We will now go to nominations for two members of the Editorial Board for a three-year-term ending December, 1972. Members whose terms will expire are Jack W. Hickman of Indianapolis, District 7; and Dr. Frank Coble of Richmond, District 6. **On motion of Drs. Gosman and Wilhelmus, it was voted to re-elect Dr. Jack W. Hickman of District 7 and on motion of Drs. Smith and Petrich it was voted to re-elect Dr. Coble from District 6.**

CHAIRMAN: We will now move to election of the editor and associate editors of *The Journal* for 1970. **On motion of Drs. Petrich and Hoyt, Dr. Frank B. Ramsey was re-elected editor and Drs. A. W. Cavins, Lall G. Montgomery, David A. Bickel, Samuel R. Mercer, and I. W. Wilkens were re-elected associate editors.**

There being no further business, the meeting was recessed to reconvene at 8:00 a.m. on Wednesday, October 15, 1969.

BOARD OF TRUSTEES

October 15, 1969

The Board of Trustees convened at 8:00 a.m. in Parlors A and B of the Columbia Club on Wednesday, October 15, 1969 with Donald R. Taylor, M.D., chairman, presiding.

Roll call showed the following:

District	Trustee	
1	Gilbert Wilhelmus, Evansville	Present
2	Joe Dukes, Dugger	Present
3	Donald M. Kerr, Bedford	Present
4	Robert M. Reid, Columbus	Absent
5	Wilbert McIntosh, Riley	Present
6	Stephen Smith, Knightstown	Present
7	James Gosman, Indianapolis	Present
8	Donald R. Taylor, Muncie	Present
9	Peter R. Petrich, Attica	Present
10	Vincent J. Santare, Munster	Present
11	Lowell J. Hillis, Logansport	Present
12	William Clark, Ft. Wayne	Absent
13	Otis R. Bowen, Bremen	Present

Also Richard Ingram, trustee-elect from 8th district, present.

District	Alternate Trustee	
1	Eugene Austin, Evansville	Absent
2	Betty Dukes, Dugger	Present
3	E. L. Wallace, New Albany	Absent
4	Jack Shields, Brownstown	Absent
5	C. M. Schauwecker, Greencastle	Present
6	Frank Green, Rushville	Present
7	John O. Butler, Indianapolis	Present
8	Paul W. Sparks, Winchester	Absent
9	Lindley H. Wagner, Lafayette	Absent
10	C. T. Disney, Gary	Absent
11	James A. Harshman, Kokomo	Present
12	Frederic Schoen, Ft. Wayne	Present
13	G. Beach Gattman, Elkhart	Present

Officers:

Patrick J. V. Corcoran, Evansville	Present
Lowell H. Steen, Hammond	Present
Lester H. Hoyt, Indianapolis	Present
Malcolm O. Scamahorn, Pittsboro	Present

Executive Committee:

Ralph V. Everly, chairman, Indianapolis	Present
Burton Kintner, member, Elkhart	Present

Delegates and Alternate Delegates to the AMA:

Guy A. Owsley, Hartford City	Present
Jack E. Shields, Brownstown	Absent
Don E. Wood, Indianapolis	Absent
Eugene Senseny, Ft. Wayne	Absent
Frank Green, Rushville	Present

Maurice E. Glock, Ft. Wayne	Absent
Dwight Schuster, Indianapolis	Absent
James Harshman, Kokomo	Present
Eugene Rifner, Van Buren	Present
K. O. Neumann, Lafayette	Present

Guests:

Harry Klepinger, G. O. Larson, Merritt Alcorn and Joe Black

Staff:

Robert J. Amick, field secretary
Howard Grindstaff, field secretary
Kenneth Bush, administrative assistant
James A. Waggener, executive secretary

Doctor's Group Blue Shield-Blue Cross

The Board took up the discussion of the new Blue Cross-Blue Shield Plan for the doctor's group and on motion of Drs. Gosman and Kerr, the Board voted approval in its entirety. The motion was carried.

Medical Board Policy

The chairman then called on Dr. Klepinger and Dr. Alcorn to discuss the matter of issuance of limited licensure of the practice of medicine. The policies of the Board of Medical Registration and Examination were explained and many of the trustees discussed the method and policies as described by the board. **On motion of Drs. Dukes and Gosman, it was moved that the trustees give support to the medical board to give an exam upon graduation from medical school. The motion was carried.**

Dr. Steen then discussed the proposed location of the 1970 convention in South Bend.

There being no further business, the meeting was adjourned.

BOARD OF TRUSTEES

October 16, 1969

The Board of Trustees convened at 8:00 a.m. in Parlors A and B of the Columbia Club on Wednesday, October 16, 1969 with Donald R. Taylor, M.D., chairman, presiding.

Roll call showed the following:

District	Trustee	
1	Gilbert M. Wilhelmus, Evansville	Present
2	Joe Dukes, Dugger	Absent
3	Donald Kerr, Bedford	Present
4	Robert M. Reid, Columbus	Present
5	Wilbert McIntosh, Riley	Absent
6	Stephen Smith, Knightstown	Present
7	James Gosman, Indianapolis	Present
8	Donald R. Taylor, Muncie	Present
9	Peter R. Petrich, Attica	Present
10	Vincent J. Santare, Munster	Present
11	Lowell J. Hillis, Logansport	Absent
12	William Clark, Ft. Wayne	Present
13	Otis R. Bowen, Bremen	Present

District	Alternate Trustee	
1	Eugene Austin, Evansville	Absent
2	Betty Dukes, Dugger	Absent
3	Elmer L. Wallace, New Albany	Absent
4	Jack Shields, Brownstown	Present
5	C. M. Schauwecker, Greencastle	Present
6	Frank Green, Rushville	Present
7	John O. Butler, Indianapolis	Present
8	Paul W. Sparks, Winchester	Absent
9	Lindley H. Wagner, Lafayette	Absent
10	C. T. Disney, Gary	Absent
11	James A. Harshman, Kokomo	Present
12	Frederic Schoen, Ft. Wayne	Present
13	G. Beach Gattman, Elkhart	Present

Officers:

Patrick J. V. Corcoran, Evansville	Present
Lowell H. Steen, Hammond	Present
Lester H. Hoyt, Indianapolis	Present
Malcolm O. Scamahorn, Pittsboro	Present

Executive Committee:

Ralph V. Everly, chairman, Indianapolis Present
Burton E. Kintner, member, Elkhart Present

Delegates and Alternate Delegates to AMA:

Guy A. Owsley, Hartford City	Present
Jack Shields, Brownstown	Present
Don E. Wood, Indianapolis	Absent
Eugene Senseny, Ft. Wayne	Absent
Frank Green, Rushville	Present
Maurice E. Glock, Ft. Wayne	Absent
Dwight Schuster, Indianapolis	Absent
James Harshman, Kokomo	Present
Eugene Rifner, Van Buren	Absent
K. O. Neumann, Lafayette	Present

Others present:

Joe Black
Richard Ingram, trustee-elect from the eighth district
G. O. Larson
T. C. Tyrrell, alternate trustee-elect from the tenth district
Dr. George Haley

Staff:

Robert J. Amick, field secretary
Howard Grindstaff, field secretary
Kenneth Bush, administrative assistant
James A. Waggener, executive secretary

South Bend for 1970

Dr. Bowen and Dr. Haley discussed the facilities at South Bend for holding the 1970 meeting on the campus of Notre Dame University and further informed the Board that it was their intent to propose to the House of Delegates that the 1970 meeting be held in South Bend in view of the fact that Evansville had asked to be relieved of holding the 1970 meeting in their city.

Grant for Computerized Medicine Program

Dr. Reid gave a comprehensive report of his activities in the field of computerized medicine. Dr. Reid proposed that the association make a grant of $5,000 to Medi-Tech in order to begin operation of the program. **The motion was duly made and seconded and the grant of $5,000 was approved.**

Review of Reference Committee Actions

Dr. Petrich reviewed the discussion which took place in Reference Committee #3.

Dr. Neumann reviewed the discussion in Reference Committee #4.

Discussion of Resolution 69-12 followed and it was taken by consent that this be reviewed for study. Dr. Butler is to move that this resolution be referred to the Board of Trustees.

Dr. Wilhelmus and Dr. Gosman reported on the activities of Reference Committee #5, and Dr. Ingram also discussed the report of the Reference Committee.

There being no further business the meeting was adjourned.

BOARD OF TRUSTEES

October 17, 1969

Immediately upon adjournment of the House of Delegates, the Board of Trustees met for organizational purposes in the Ballroom of the Columbia Club.

By secret ballot, Dr. Peter R. Petrich was elected chairman of the Board.

At this time Dr. Petrich assumed the chair and welcomed Dr. Ingram as a new trustee from the eighth district and Dr. Tyrrell as a new alternate trustee from the tenth district.

By secret ballot, the Board elected to the executive committee the following: Dr. Donald M. Kerr and Dr. Burton Kintner.

There being no further business the meeting adjourned to meet again at 10:00 a.m. Saturday, November 15, 1969 at the Speedway Motel, Indianapolis. ◄

EXECUTIVE COMMITTEE

November 14, 1969

Present: Donald M. Kerr, M.D., chairman; Burton E. Kintner, M.D.; Lowell H. Steen, M.D.; Malcolm O. Scamahorn, M.D.; Peter R. Petrich, M.D.; Hugh K. Thatcher, M.D.; Frank Ramsey, M.D., editor of *The Journal* and Jas. A. Waggener, executive secretary.

Membership Report:

Number of members as of December 31, 1968	4,444
1969 members as of October 31, 1969:	
Full dues paying	3,926
Residents and interns	108
Board remitted	58
Senior	340
Honorary	3
Military	45
Total 1969 members as of October 31, 1969	4,480
Total 1968 members as of October 31, 1968	4,434
Number of AMA members as of December 31, 1968	4,289
1969 AMA members as of October 31, 1969	4,327
Full dues paying	3,777
Exempt, but active	550
	4,327
Number who have paid state dues but not AMA dues as of October 31, 1969	153
Number who paid state dues but not AMA dues as of October 31, 1968	153

Headquarters Office

WATS LINE—The secretary reported on his investigation of the Wats Line, the price being $130.00 per month each for incoming and outgoing Wats Line with a $10.00 per hour charge for over ten hours usage per month.

On motion of Drs. Petrich and Hoyt, the secretary is instructed to install a two-way Wats Line on a 90-day trial basis.

SPEAKERS' TRAINING PROGRAM—The secretary reported on the training course for the Speakers' Bureau which is being formed, reporting that the AMA would conduct this course in Indianapolis at no expense to the association other than meals and transportation which the association might pay for the participants. On motion of Drs. Petrich and Hoyt, this matter is to be referred to the Board of Trustees.

LETTER FROM E. M. BECK, M.D.—The secretary read a letter from Dr. E. M. Beck indicating he would like to discuss further the use of the headquarters facilities for the American College of Physicians and the Indiana Society of Internal Medicine. On motion of Drs. Hoyt and Petrich, this will be referred to the Board of Trustees with a favorable recommendation.

BUDGET MEETING—Discussion of the preparation of the budget was held and by consent it was decided to attempt to do this at the December meeting.

LETTER FROM DR. EVERLY—A letter from Dr. Ralph V. Everly concerning his meeting with the auxiliary of the association concerning the basement area of the building was read and on motion of Drs. Scamahorn and Kintner, this matter was to be deferred until the January meeting and the chairman is to explore this matter with the auxiliary in an effort to obtain more specific information.

Treasurer's Report

The treasurer reported on income and expenses for the month of October; the cash and securities report and the investment portfolio. His report was adopted by consent.

Organization Matters

NEWS CLIP ON EDWARDS—A news clip from the *Chicago Tribune* concerning Dr. Charles C. Edwards, former employee of the AMA being appointed assistant to Dr. Roger O. Egeberg was read for the information of the committee.

NEWS CLIP, WASHINGTON MERRY-GO-ROUND—A news clip from the *Washington Merry-Go-Round* was read for the information of the committee.

LETTER FROM STATE DEPARTMENT OF PUBLIC WELFARE—A letter which has been sent to the members of the association by the State Department of Public Welfare concerning the implementation of Title XIX within the state on January 1, 1970 was read and on motion of Drs. Kintner and Hoyt this is referred to the Board of Trustees without recommendation.

REQUEST OF LAKE COUNTY SOCIETY—A letter from the Lake County Medical Society requesting use of the association mailing list for the purpose of promoting a tour to the Orient was approved on motion of Drs. Petrich and Hoyt.

LETTER FROM SEVENTH DISTRICT MEDICAL SOCIETY—A letter was read from the Seventh District Medical Society announcing that an election had been held on November 11th at which time Dr. Dwight Schuster of Indianapolis had been elected for a three-year-term as an additional trustee and that Dr. Joseph Kerlin of Danville had been elected as alternate trustee for a two-year-term. By consent this letter is to be referred to the Board of Trustees.

LETTER FROM AMA-ERF—A letter from the American Medical Association Research Foundation was read for the information of the committee.

LETTER FROM INDIANA STATE ASSOCIATION OF LIFE UNDERWRITERS—A letter from the Indiana State Association of Life Underwriters concerning their plan to establish as a public service activity an "organ donor project" was reviewed for the information of the committee and the secretary was instructed to thank Mr. Eley for sending us this information and requesting that he keep us further informed as to the development of the program.

LETTER FROM INDIANA HOSPITAL ASSOCIATION—A letter from the Indiana Hospital Association concerning a joint meeting of the executive committees of the two organizations was read and by consent the secretary was instructed to attempt to arrange such a meeting on December 18th.

INCREASE COST OF HINTS ON HEALTH—A letter from Western Newspapers Publishing Company concerning an increase for their charges for preparation of the Hints on Health was read and the increase was approved on motion of Drs. Kintner and Petrich.

MEMBERSHIP, INDIANA CHAMBER OF COMMERCE—Renewal of the membership in the Indiana State Chamber of Commerce was approved on motion of Drs. Petrich and Kintner.

LETTER FROM INDIANA HOSPITAL ASSOCIATION—A letter from the Indiana Hospital Association addressed to Dr. G. O. Larson concerning the activities of the Governor's Committee on Comprehensive Health Planning was read and on motion of Drs. Petrich and Scamahorn, this is to be referred to the appropriate committee of the Board.

LETTER FROM THE AMA RE COLLEGE RECORD FORMS—A letter from the AMA concerning the development of a College Record Form was reviewed and on motion of Drs. Petrich and Kintner, this is to be referred to the appropriate commission of the association.

BLUE SHIELD MINUTES—Several matters contained in the minutes of the Executive Committee and the Board of Directors meeting of Mutual Medical Insurance, Inc., held October 19th were reviewed for the information of the committee.

ACTIONS OF MICHIGAN STATE MEDICAL SOCIETY—Several actions taken by the House of Delegates in the

Michigan State Medical Society were reviewed for the information of the committee.

AMA PHYSICIAN'S AWARD PROGRAM—The announcement from the AMA of a Physician's Recognition Award Program was reviewed for the information of the committee.

SOCIO-ECONOMIC DEPARTMENT OF OHIO STATE MEDICAL—The development of a Socio-Economic Department by the Ohio State Medical Association was discussed and on motion of Drs. Petrich and Kintner, discussions are to be held with the Ohio State Medical to determine if it is feasible and possible to make this a joint effort between the two state associations.

LETTER FROM DR. GENE S. PIERCE—A letter from Dr. Gene S. Pierce concerning the training of paramedical personnel was reviewed and on motion of Dr. Steen, this matter was referred to the Board of Trustees with favorable recommendation.

Convention Matters

LETTER FROM ST. JOE MEDICAL SOCIETY—A letter was read from the St. Joseph Medical Society announcing that Dr. S. E. Bechtold has agreed to serve as local chairman for the annual meeting scheduled in South Bend for 1970. Considerable discussion was had concerning the South Bend location and the secretary is instructed to attempt to have Dr. Bechtold or Dr. Haley appear before the Board at its meeting on November 15th.

New Business

The president reviewed his plans for the Health Week Program and reported on his meeting with state officials which was held on November 14th and this matter is to be referred to the Board for their consideration.

The president then discussed his thinking regarding additional employees of the association and by consent he is to make a report to the Board of Trustees for their approval.

Future Meetings

A REVIEW OF THE PLANS for the Denver meeting of the AMA was read for the information of the committee.

REGIONAL CONFERENCE ON U.S. FOREIGN POLICY—The Regional Conference on U.S. Foreign Policy in Louisville on December 3 was taken as a matter of information.

PHARMACEUTICAL MANUFACTURERS ASSOCIATION—An invitation from the Pharmaceutical Manufacturers Association inviting the executive secretary to attend the meeting of the Pharmaceutical Manufacturers Association in Chicago on December 8th was read and on motion of Drs. Steen and Petrich, the secretary is authorized to attend this meeting.

INVITATIONAL CONFERENCE ON MENTAL HEALTH SERVICES—An invitational conference on Mental Health Services to be held in Arlington Heights, Ill. on Dec. 9-11 was taken as a matter of information on motion of Drs. Steen and Petrich.

NATIONAL CONFERENCE ON RURAL HEALTH—The National Conference on Rural Health of the AMA scheduled for April 9-10, 1970 in Milwaukee, Wis., was read and on motion of Dr. Steen, no representative will be sent.

REGIONAL MEETING FOR STATE CHAIRMEN OF COMMITTEES ON MEDICINE AND RELIGION—The regional meeting for state chairmen of Committees on Medicine and Religion by the AMA is scheduled for Chicago, March 7th and on motion of Drs. Steen and Hoyt, Dr. Kintner was authorized to attend this meeting.

There being no further business the meeting adjourned to meet again in the Headquarters Building at 10:00 a.m. on Thursday, December 18, 1969.

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The Journal
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District	Term Expires
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5—Cleon M. Schauwecker, Greencastle	1970
6—	
7—John O. Butler, Indianapolis	1972
8—Paul Sparks, Winchester	1970
9—Lindley Wagner, Lafayette	1971
10—Thomas C. Tyrrell, Hammond	1972
11—James A. Harshman, Kokomo	1971
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13—G. Beach Gattman, Elkhart	1970

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Frank H. Green, Rushville	Kenneth O. Neumann, Lafayette

Terms expire December 31, 1971:

Delegates	Alternates
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John Farquhar, Fort Wayne	Thomas C. Tyrrell, Hammond

1967-68 DISTRICT MEDICAL SOCIETY OFFICERS

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1.	James L. Hobgood, Evansville	Ray H. Burnikel, Evansville	May 28, 1970, Evansville
2.	Thomas O. Barrett, Vincennes	J. S. Brown, Carlisle	May 28, 1970
3.	Daniel H. Cannon, New Albany	Elmer L. Wallace, New Albany	April 8, 1970, New Albany
4.	D. D. Dickson, Greensburg	James C. Miller, Greensburg	May 13, 1970
5.	William Tipton, Greencastle	Cleon M. Schauwecker, Greencastle	May 27, 1970, Greencastle
6.	Perry F. Seal, Brookville	Mark Smith, New Castle	May 6, 1970
7.	Malcolm O. Scamahorn, Pittsboro	Donald E. Stephens, Indianapolis	June 3, 1970
8.	David J. Landon, Union City	Caral R. Chambers, Union City	June 10, 1970, Muncie
9	Wesley E. Shannon, Crawfordsville	Fred N. Daugherty, Crawfordsville	June 11, 1970, Crawfordsville
10.	Robert Milos, Gary	J. M. Siekierski, Griffith	May 13, 1970, Gary
11.	Julius T. Steffen, Wabash	Fred Poehler, La Fontaine	Sept. 17, 1970, Marion
12.	John Hartman, Angola	DeWayne L. Hull, Fort Wayne	May 20, 1970, Fort Wayne
13.	James D. Finfrock, Elkhart	John Hildebrand, South Bend	Sept. 17, 1970, South Bend

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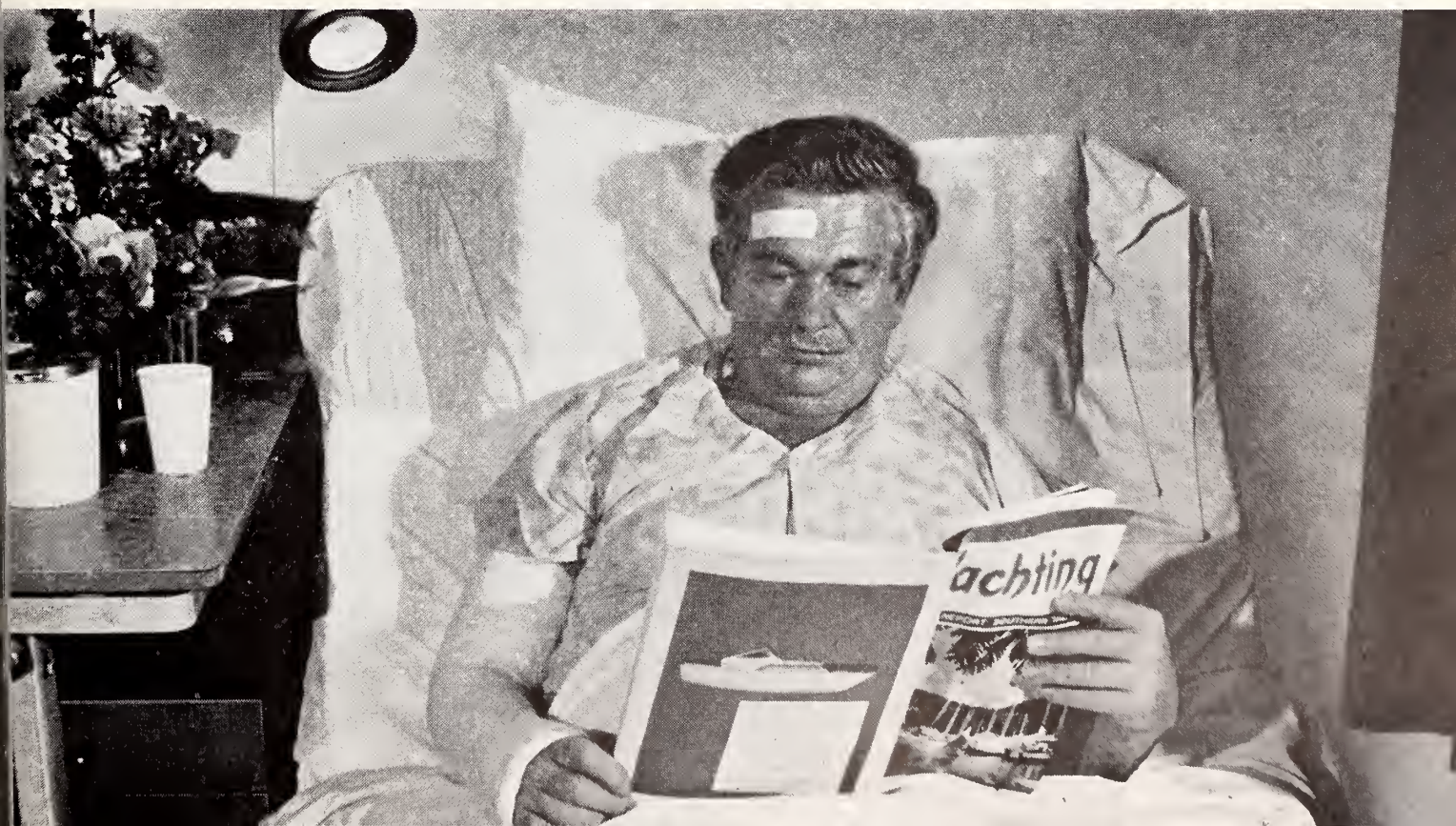

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A brand-new, updated program of health care benefits for physicians is now offered by Blue Cross and Blue Shield, with an effective date of April 1, 1970. A $10,000 Major Medical program is among the many improved and upgraded additional coverages which have been approved by the Indiana State Medical Association board of trustees.

More details will be found in the Blue Shield article in this month's issue; complete information will be sent you by March 1. If you don't receive the material by that date, please contact the Professional Accounts Section of Indiana's No. 1 Health Care Plan.

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References: 1. Gardner, H. L.: J. Miss. M.A. 8:529, 1967. 2. Porter, P. S., and Lyle, J. S.: Arch. Dermat. 93:402, 1966. 3. Walsh, H.; Hildebrandt, R. J., and Prystowsky, H.: Am. J. Obst. & Gynec. 93:904, 1965. 4. Vaginitis and the Pill: J.A.M.A. 196:731, 1966. 5. Guerriero, W. F.: South. M.J. 56:390, 1963. 6. Seelig, M. S.: Am. J. Med. 40:887, 1966. 7. To-day's Drugs, New York, Grune & Stratton, Inc., 1965, p. 316. 8. Gray, L. A., and Barnes, M. L.: Am. J. Obst. & Gynec. 92:125, 1965. 9. Salerno, L. J.; Ortiz, G., and Turkel, V.: Vaginitis: A Diagnostic and Therapeutic Approach, Scientific Exhibit, presented at the 115th Annual A.M.A. Convention, Chicago, Illinois, June 1966. 10. Walsh, J. C.; Sheffery, J. B., and Wilson, T. A.: Med. Ann. D.C. 37:358, 1968. 11. Nugent, F. B., and Myers, J. E.: Pennsylvania Med. 69:44, 1966.

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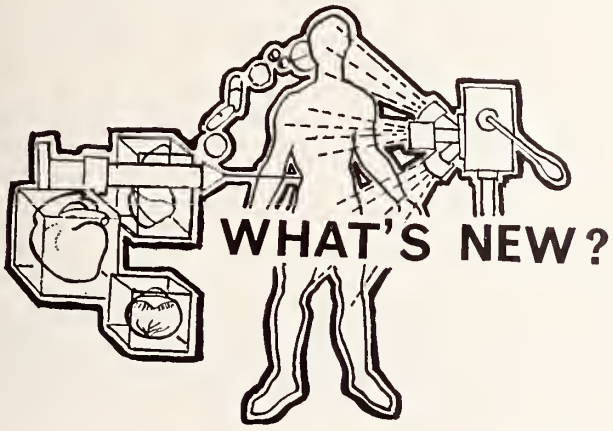


Wyeth Laboratories is introducing a new oral contraceptive—"OVRAL"—which combines an estrogen with a new progestogen, norgestrel. In contradistinction to most synethetic hormones which are made from plant or animal sources, norgestrel is synthesized from readily available chemical materials. OVRAL has been tested for five years and is reported to have high potency at low dosage.

* * *

Baxter Laboratories are packaging standard intravenous solutions in soft plastic containers similar to those now used for blood. The new container is trademarked Viaflex. It is nonbreakable. When empty it collapses and is easier to dispose of than a bottle. Each unit weighs a little over a pound less than a similar unit in glass. The addition of other medications is simplified and the unit is less liable to contamination. The Viaflex Solution Pack was first introduced to the Canadian medical profession in June at the Anaesthetists' Society annual meeting in Ottawa.

* * *

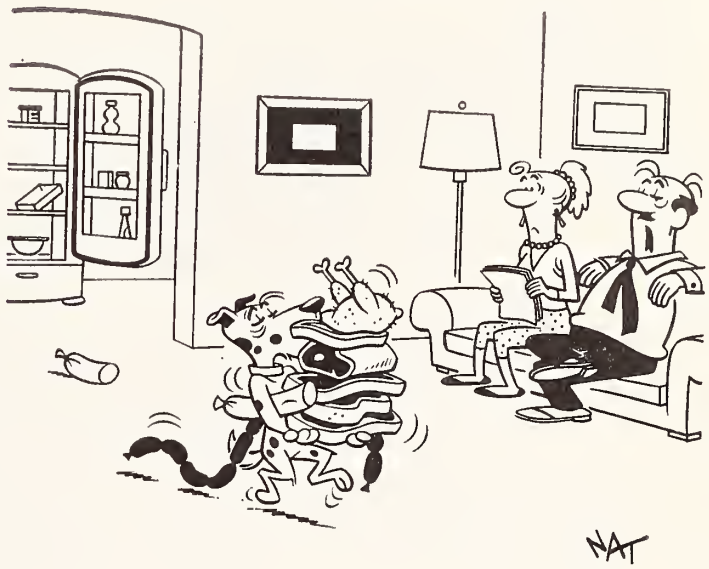
Hypoglycemia is described as the "in" disease—very popular with self-diagnosers and hypochondriacs, and with the heavy-drinking and high-stress groups—in a Doubleday book recently released. It is written for lay consumption by Charles Weller, M.D. and Brian Richard Boylan. The title, "How To Live With Hypoglycemia," is indicative of the principal message of the book. It contains 144 pages and sells for $4.50.

* * *

Doubleday has a new book for the laity—"Spare-Part Surgery: The Surgical Practice of the Future." The author is Donald Longmore, who is a Fellow of the Royal College of Surgeons of Edinburgh and a surgical research consultant at the National Heart Hospital, London. His own inventions in the artificial organ field qualify him to discuss the problems involved in the replacement of tissues which have degenerated to the point of uselessness. The illustrated 192-page book costs $5.95 with a hard cover and $2.45 in the paperback edition.

* * *

News of what is new in the medical supply industry is composed of abstracts from news releases by manufacturers—of pharmaceuticals, clinical laboratory supplies, instruments, and surgical appliances and book publishers. Each item is published as news and does not necessarily constitute an indorsement of a product or recommendation for its use by THE JOURNAL or by the Indiana State Medical Association.



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This summary of what is happening in Washington is prepared by AMA's Capitol office and air-mailed to *The Journal* on the ninth of each month preceding month of issue.

WASHINGTON—The Internal Revenue Service postponed until next Jan. 1 one provision of a new requirement that health insurance companies report to the IRS payments of $600 or more a year to a physician.

THE DELAYED provision covers payments other than under medicare and medicaid. Payments of $600 or more under these government programs must be reported to the IRS. A spokesman said the reporting of payments other than under the government programs was delayed for a year to allow further time for working out compliance procedures.

THE IRS regulation applies only to direct payments to physicians. The Senate added an amendment to an omnibus tax bill that would have extended the requirement to indirect payments also. But House-Senate conferees took out the amendment.

ANOTHER provision unfavorable to physicians was knocked out of the tax bill, but a third was retained.

THE SENATE rejected a proposal that would have restricted the tax advantages gained by physicians who organize professional corporations under state laws to establish retirement plans. The Senate Finance Committee had added an amendment that would have set an annual limit of $2,500 per individual, the same as specified under the so-called Keogh law. But the Senate, by a vote of 65-25, knocked out the amendment, leaving physicians, lawyers, engineers and other members of professional corporations able to set aside as much of their income for retirement as they choose.

AS FINALLY passed by Congress, the measure includes a provision putting congressional approval on an IRS ruling that advertising revenue of medical and other non-profit, tax-exempt organizations is subject to the regular corporate income tax. Journals of state medical societies, as well as The Journal of the American Medical Association, are affected.

MEDICARE'S PART B PREMIUM GOES UP SOON

MEDICARE'S Part B premium partially covering physicians' fees will go up from $4 to $5.30 a month next July 1.

HEALTH, EDUCATION and Welfare Secretary Robert H. Finch blamed his predecessor in the post, Wilbur J. Cohen, for the size of the 32% increase in the premium which is matched by the federal government.

FINCH NOTED that the present $4 premium rate, set in December, 1968, was too low to cover costs during the current premium period and that the special Medical Insurance Trust Fund has been drawing on its reserves. He said that failure to increase the premium rate last December, in accordance with advice from Social Security Administration actuaries had made it necessary now, in effect, to promulgate two increases at once. Moreover, the depletion of the trust fund that has occurred because of the inadequate rate had made it necessary, he said, to provide for a somewhat higher margin of contingency than would otherwise be necessary.

ABOUT HALF THE increase, 64 cents, was needed to finance the program at the level of current operations. The other 66 cents of the $1.30 increase was distributed:

—26 cents to cover an estimated increase of about six percent in the level of physicians' fees;

—about 12 cents to cover an estimated increase of two percent in the utilization of services under the program;

—about 6 cents because the $50 deductible which a patient pays will be a smaller proportion of the total covered charges;

—the remaining 22 cents to provide a four percent margin for contingencies.

NEW TOUGH SAFETY STANDARDS FOR COAL MINES

PRESIDENT NIXON signed into law legislation setting tough federal safety standards for coal mines.

ALTHOUGH he had reservations about a conflict with state workmen's compensation laws, Nixon said "the health and safety provisions of this act represent an historic advance in industrial practices." He also cautioned that this law should in no way "be considered a precedent for future federal administration of workmen's compensation programs."

THE SECRETARY of Health, Education and Welfare was given for the first time authority to set health standards for mines. Nixon said he had asked that wherever possible the disability standards under the new act be consistent with those of the Social Security disability program.

PRESSURE for the legislation started building up after 78 died in a Mannington, W. Va., mine disaster last November.

THE AMA supported an overall Administration bill on occupational health and safety, and pledged the backing of the nation's physicians for any program "well designed to improve the safety and health of the American worker."

DR. R. LOMAX WELLS, Silver Spring, Md., immediate past chairman of the AMA's Council on Occupational Health, told a Senate labor subcommittee:

". . . the American Medical Association supports the new Administration bill, S. 2788. Its provisions for standard setting, not in the Labor Department but in a new National Occupational Safety and Health Board appointed by the President, with a majority of professional experts, seems to us an acceptable equivalent to our previous suggestion of a National Council on Hazardous Physical and Chemical Agents. We endorse its concept of a separation of powers between

standard setting and enforcement. We welcome, in this new bill, the intent to give a larger role to the Department of Health, Education and Welfare, whose competence in this field is recognized. Our Association approves the provision for federal support of state occupational safety and health programs to supplement inadequate manpower in the federal system. We believe that this emphasis on support of the state programs, combined with standard setting by an independent professional Board, is greatly preferable to mandatory national standards promulgated and enforced by a single federal agency. In this regard, we welcome the stress on the use of consensus standards, and provisions for consultation with professional standard-setting agencies before establishing needed new standards."

TASK FORCE PREDICTS GREAT INCREASE IN HEART TRANSPLANT DEMANDS

A NATIONAL Heart and Lung Institute task force predicted that the demand for heart transplants will increase beyond the present level of about 100 a year and exceed the number of the organs available for the operation.

THE REPORT of the task force on cardiac replacement also said:

—Less than 16% of the 200,000 Americans under 65 who die each year from heart disease are good candidates for transplants.

—Rejection of the transplanted heart will remain "the greatest barrier to prolonged survival."

—Development of an artificial heart is now a distinct possibility.

—The federal government should emphasize research on the prevention, early detection and early treatment of heart disease.

—A new definition of death is needed.

—Total transplant charges for 36 patients averaged $18,694 per patient.

—Heart transplants have been performed on 148 patients, with 23 persons still surviving, 16 of them in the United States.

—More than 32,000 heart disease victims can be considered transplant candidates, but there are only about 22,000 possible donors a year, the report said.

FDA REORGANIZED, GIVEN NEW COMMISSIONER

THE FOOD and Drug Administration was reorganized and given independent status under a new commissioner.

THE REORGANIZATION followed several years of criticism of the Health, Education and Welfare Department agency from all sides—Congress, industry and consumers' groups. The criticism resulted in a two-month study by a task force headed by HEW Deputy Assistant Secretary for Welfare Fred Malek.

THE REORGANIZATION focused on FDA's structural problems and the chief aim of HEW Secretary Robert H. Finch appeared to be to get the agency operating more efficiently. FDA was taken out of the Consumer Protection and Environmental Health Service and placed in

the department's staff structure on an equal basis with the remaining Environmental Health Service and the National Institutes of Health.

DR. CHARLES C. EDWARDS, 46, formerly a division director on the American Medical Association headquarters staff, was named to replace Dr. Herbert L. Ley, Jr., as head of the FDA. Ley was offered another post in HEW but declined it. Two of Ley's top aides, FDA Deputy Commissioner Winton B. Rankin and Associate Commissioner for Compliance J. Kenneth Kirk, were transferred from the agency.

EDWARDS WAS PRAISED by a former associate on the AMA staff, C. Joseph Stetler, president of the Pharmaceutical Manufacturers Association, as being highly qualified by his scientific and administrative background.

THE NEW FDA head said he would bring "hard-nosed management principles" to the agency and work more closely with industry, but that his administration of FDA would be oriented to the consumer. He said his decisions as a government official will not be influenced by his former association with the AMA. ◄

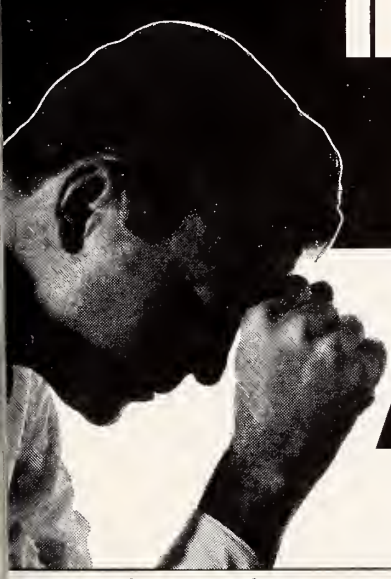
The treatment of

impotence

in the American male is complex.
The concept of chemotherapy plus the physician's psychological support is confirmed as effective therapy.

NEW CLINICAL STUDY

The Treatment of Impotence with Methyltestosterone Thyroid (100 patients—Double Blind Study)
T. Jakobovits
Fertility and Sterility, January 1970
Official Journal of the American Fertility Society



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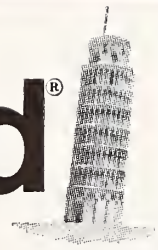

Double-Blind Study and Type of Patient: 100 patients suffering from undifferentiated impotence. Examination revealed the patients were within the average range of 17-Ketosteroid excretion and protein bound iodine. Except for fatigue in some patients all were in good health. Study was for one month in duration. Each patient received one tablet 3 times daily.

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Contraindications—Methyltestosterone is not to be used in malignancy of reproductive organs in male, coronary heart disease. Thyroid is not to be used in heart disease, hypertension unless the metabolic rate is low.

References: 1. **Montesano, P., and Evangelista, I.** Methyltestosterone-thyroid treatment of sexual impotence. Clin Med 12:69, 1966. 2. **Dublin, M. F.** Treatment of impotence with methyltestosterone-thyroid compound. West Med 5:67, 1964. 3. **Titeff, A. S.** Methyltestosterone-thyroid in treating impotence. Gen Prac 25:6, 1962. 4. **Hellman, L., Bradlow, H. L., Zumoff, B., Fukushima, D. K., and Gallagher, T. F.** Thyroid-androgen interrelations and the hypocholesteremic effect of androsterone. J Clin Endocr 19:936, 1959. 5. **Farris, E. J., and Colton, S. W.** Effects of L-thyroxine and liothyronine on spermatogenesis. J Urol 79:863, 1958. 6. **Osol, A., and Farrar, G. E.** United States Dispensatory (ed. 25). Lippincott, Philadelphia, 1955, p. 1432. 7. **Wershub, L. P.** Sexual Impotence in the Male. Thomas, Springfield, Ill., 1959, pp. 79-99.

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Letters to the editor

To the Editor:

Wilbur Cohen's article in your November issue calls for comment.

Why in the world would the AMA schedule the chief architect of socialized medicine in the U.S.A. to sell his discredited wares to a Conference of State Medical Association Officers? (*JISMA* 62:1310-1315, November, 1969.)

That his wares are discredited is attested by the rotten record of socialized medicine, since the time of Bismarck, in every country adopting politically controlled medical care.

Yet with such a record available to those who care to learn, Professor Cohen's sales pitch for government interference (he calls it cooperation) appears without any discussion.

Were there no officers present at that New York meeting that had the knowledge or the guts to contest the many bits of fiction that poured out of this seasoned planner for a welfare state? If none protested, there's certainly something wrong.

I'd like to see a total rebuttal of Cohen's snide schemes in a future issue of *The Journal*—preferably by one of our state association officers.

After witnessing the sad spectacle of a kakistocracy bleeding the citizens of this once noble Republic to death with no-win wars and bankruptcy via fiat money for the past 40 years, it's time for doctors to voice a cure for such a preventable illness instead of following the advice of those who would bury us.

Sincerely,
A. G. BLAZEY, M.D.
Washington, Ind.

To the Editor:

The Appellate Court of Indiana has just published a decision, to-wit, *Collins v. Bair*, Cause No. 968 A 152, which we believe will be of interest and significance to the medical profession.

In effect, the decision overrules a long line of cases interpreting the statutory physician-patient privilege provided in § 2-1714, Burns Annotated Statutes. You may recall that this statute provides that:

> "The following persons shall not be competent witnesses:
>
> * * *
>
> "Fourth—Physicians, as to matter communicated to them, as such, by patients, in the course of their professional business, or advice given in such cases."

Although the courts have for many years held that the privilege, which is that of the patient, can be waived, heretofore the waiver has had to be deliberate and specific or result from use by the patient of the testimony of a physician who has worked more or less in collaboration with the physician whose testimony is claimed to be privileged. In other words, if a plaintiff sustains an injury and employs two physicians to treat the injury, and one of them says he believes the plaintiff's condition is the result of an automobile accident for which the defendant allegedly was responsible, and if the plaintiff who relates her condition to the automobile accident calls that physician to testify, she shall be deemed to have waived the privilege insofar as the testimony of the other physician is concerned, and he may be called by the defendant to testify that her condition was the result of syphilis, and unrelated to the automobile accident, in his opinion.

The *new rule* is to the effect that the mere instituting of an action in which the condition of the plaintiff is claimed to have been the result of the defendant's negligent acts constitutes a waiver of any privilege which the plaintiff may have had concerning the treatment thereof by any physician.

The gist of the decision is found in the following excerpt from the 15-page opinion written by Judge Hoffman, in which Judge Pfaff and Judge Sharp concur:

> ". . . Our review of the cases of this and other States compels us to reach the conclusion that there is no privilege under the Act (§ 2-1714, *supra*) when the physical or mental condition of the patient is put in issue *by the patient* by way of complaint or affirmative defense. . . ."

The court states the rule quite concisely in another way as follows:

> ". . . If a patient, by way of complaint, counterclaim or affirmative defense, places in issue his physical or mental condition, then he automatically waives the privilege granted by the Act as to all matters causally or historically related to the physical or mental condition in issue. Such waiver applies to any 'physician' who may have knowledge of these conditions."

There was a dissenting opinion by Judge White, and it may be that the case will be petitioned for transfer to the Supreme Court. I personally anticipate, however, that even if this occurs, the decision will stand, although admittedly, I may be biased by the fact that the majority opinion quotes with approval an article which I wrote on the subject of "Waiver of the Physician-Patient Privilege Rule in Personal Injury Litigation," which was published both in *Res Gestae*, Vol. XI, No. 5, May, 1967, and also in *The Forum*, published by The Section of Insurance, Negligence and Compensation Law, of the American Bar Association, some time prior thereto.

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*Best, C. H. and Taylor, N. B.: *The Physiological Basis of Medical Practice,* 7th edition, Williams and Wilkins, Baltimore, 1961, p. 480.

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The Journal of the INDIANA STATE MEDICAL ASSOCIATION
Supervised by THE COUNCIL
Volume 63 — February 1970 — Number 2

Congestive Heart Failure in Acute Myocardial Infarction*

A. D. DENNISON, M.D.
Milligan, Tenn.**

IN his very provocative book, *A Sign for Cain, An Exploration of Human Violence,* Dr. Frederick Wertham reports that during the Nazi regime "the most reliable estimates of the number of psychiatric patients killed (purposely) is at least 275,000." These "euthanasia" murders were committed by psychiatrists who acted as judge, jury, executioner. They provided the patients and the places. We are shocked at this prostitution of science. We are even appalled at the numbers arbitrarily destroyed. Thus, sharing in the guilt of all men, we marshal our energies to prevent more than 1,500 deaths daily from acute myocardial infarction in the United States. Probably 7,000 to 10,000 people sustain acute myocardial infarctions in the affluent, obese, sedentary, cigarette smoking United States each day. These numbers are incredible and are unlike those of any other disease.

In a study by Hellerstein and Turell in 1965, the mechanism of death in acute myocardial infarction was rather equally divided between power failure of the circulation (shock and congestive failure) and electrical failure (arrhythmias). Despite improved systems of coronary care, the management of the syndromes of power failure-shock and congestive heart failure remain grossly inadequate as manifested by mortality rates of 60-85% in groups of patients with these complications.

Prevention

Since heart failure may complicate a myocardial infarction and may declare itself within a few hours and since pulmonary edema may appear as an explosive and unsuspected event, prevention of this high mortality catastrophe is paramount. Harry Hershfield, elderly dean of American humor, pointed out the risk involved in the cardiac case history of a man who went for his annual (cardiac) checkup. He saw his own electrocardiogram for the first time. He looked at a long strip of celluloid, with the up and down markings and asked the doctor if he could take it home. The doctor agreed. When he arrived at the house, he put it down on the table and went out on an errand. When he returned, the cardiograph was gone and he asked his wife if she had seen it—and described it to her: "Darling, it's a long strip of celluloid, in a roll." "Oh, that?" she replied, "I put it in the player piano." "What, you put it in the player piano?" "Yes, and it played 'Nearer my God to Thee.'"

May I implore you to bear down early in deterrent and preventative therapy in the patient with an infarction. Bed rest, relief of pain, sedation, analgesic, oxygen, underfeeding, limitation of visitors, sodium restriction and fluid restriction are wise. It has been pointed out that the patient who has recently sustained necrosis of the myocardium is in negative sodium balance and thus early restriction is wise. Many of our patients also are in occult or covert heart failure. Plotz, in his text, *Coronary Heart Disease* states, "In a sense, heart failure is present in every instance of major myocardial infarction." Massey and Miller, in 1943, took x-rays of 16 patients with this entity and found that 12 of the 16 had congested lungs typical of left ventricular failure. Selzer, in 1945,

* Presented at a special seminar on Current Coronary Care Concepts, May 7, 1969, at Milligan College, Milligan, Tenn.

** A former Indianapolis physician, Dr. Dennison is currently Chief of Cardiology, V. A. Hospital, Johnson City, Tenn.

measured circulation times in these patients and found that a majority had prolonged values. In 1951, Askey digitalized 50 patients with acute myocardial infarction and left another 50 undigitalized. He then studied circulation times and found that 65% of patients without digitalis had prolonged circulation times. Thus, the restriction of fluid intake in the early days following the calamity is wise. We usually restrict the 24 hour liquid intake for several days to 1500 cc's. Since more than 80% of the hospitals in this country have less than 300 beds and lack coronary care units, the physician is well-advised to take seriously the "coronary patient" early and "blanket" him with every little and big protective approach.

Manifestations of "Pump Failure"

The term "pump failure" encompasses two dissimilar yet frequently concurrent clinical syndromes, namely congestive heart failure and cardiogenic shock. In a series of 300 consecutive cases reported by Lown, left ventricular failure was observed in 63% of the series. Flagrant pulmonary edema occurred in 16% of the cases.

Some of the manifestations of cardiac decompensation are:

1. Persistent tachycardia out of proportion to fever.
2. Venous engorgement, positive hepatojugular reflux, and a ventricular diastolic gallop rhythm (S3G).
3. Basal rales, that don't clear, are often thought to be due to "hypostasis," yet in reality indicate failure of the left side of the heart in the absence of chronic lung disease.
4. This concept regarding rales can be verified by x-ray demonstration of interstitial pulmonary edema. The typical finding of early congestive failure is feathering at the hilar areas. Another radiologic sign is the antler horn appearance of pulmonary venous hypertension.
5. Dyspnea.
6. Acute pulmonary edema with its well-known fulminant profile.
7. Decompensation often develops with or later in shock.
8. Decompensation rather quickly occurs in the presence of a rapid arrhythmia.

A few additional observations often point to the presence of myocardial insufficiency. They are a drop in urinary output as compared to intake, a desire on the patient's part to be propped up (orthopnea), and a dry, hacking cough. The cough may be nocturnal, observed when the bed is flattened or when the patient turns to one side or the other. The latter situation is a variant of trepopnea. It is of interest how few know that word trepopnea. It is applied when dyspnea occurs on turning the patient to one side or the other, usually on the left. Some patients may even complain of inability to sleep on a particular side because of shortness of breath which does not trouble them on the other side. Trepopnea probably results from greater pulmonary engorgement in the one lateral position. When the patient is asked to roll over on the left side for auscultation of the right lung base, one can note the increase in respiratory distress, or the triggering off of a slight cough.

Moving rales should be mentioned as it is not generally appreciated that there may be rales only at the right base which can be made to appear at the left base by turning the patient on his left side. These rales are audible only on the dependent side.

Finally, we must challenge our nurses to develop a suspicious acuity in recording some of these parameters. We need them to be conscientious in recording the intake and output. We need to scrutinize the chart for their detection of a rise in respiratory rate, a rise in pulse rate, the development of a cough and the subtle variants of respiratory distress. To attack decompensation early is to smash the atrocious mortality figures known to associate with pump failure.

Treatment of Cardiac Failure

The magic in the therapy of myocardial failure is basic, quite standardized and well known. All of us have been taught to put the patient at rest, give high concentrations of oxygen, limit sodium, limit fluids, place the patient in the optimum position, give a diuretic and digitalis. There has been a growing feeling among "coronaryologists" that the dosage of morphine in the past was probably too great and that there is a price to pay in untoward and even toxic effects. Hypotension, with resultant reduced coronary perfusion, is undesirable. Aminophylline, too, may promote hypotension. The infarcted patient is sensitive and exquisitely perceptive clinical judgment is mandatory. Overmedication is indeed hazardous and to be avoided.

Whether one speaks of diuretics or digitalis, the drug employed, the dose employed, the route employed is based on the urgency of the situation, the clinical tableau, and the pharmacology of the agent. Looking for a moment to the various diuretic agents, it must be pointed out that they do not exert a positive inotropic effect (that is, increasing the force of myocardial contraction). While they may relieve pulmonary congestion by lowering blood volume, there are a number of hazards. Reduction of blood volume and the associated hemoconcentration may reduce cardiac output, favor hypotension and predispose to thromboembolism. The likelihood of significant electrolyte derangements and resultant arrhythmias is an additional deterrent to the wanton use of diuretic drugs. Edecrin or Lasix intravenously and one of the mercurials intramuscularly are used in acute pulmonary edema. Either Lasix or

Edecrin may be administered orally in a less critical situation.

Now we move to the intriguing use of digitalis in the patient with an assaulted myocardium. Here we have opinions ranging from those physicians who declare, as Dr. Gazes did, "I think, we are approaching the day when we may advocate giving digitalis to all patients with acute myocardial infarction." Herrick, who in 1912 first delineated the clinical entity of myocardial infarction, urged the use of digitalis. The other group avoid digitalis like the plague until cardiac failure is overt, undisguised and unconcealed.

My own position is neither to the far right or the far left. When clinical bedside data, often with bedside x-ray support, indicates failure, the patient should be given digitalis. Long ago it was pointed out that in many clinical situations, it is not necessary to achieve a 100% therapeutic effect in these individuals. Partial digitalization is of value, is safe, is conservative and one can always give more digitalis if needed. Therefore, as a standard dictum, I consciously underdigitalize these patients, moving upward with the various increments of dosage rather than backward to the death certificate.

Someone once asked Dr. Lown if he used fully digitalizing doses or lesser amounts. His answer is classic and should be quoted. "I've never learned what a full digitalizing dose is. One is never digitalizing an average patient; you are, in effect, carrying out an experimental titration of unpredictable requirements. Much of practice, unfortunately is guided by a Procrustean pharmacology. Procrustus, as you know, was the legendary highwayman in Greek mythology who had a bed of fixed dimensions. If somebody was too tall for the bed, he cut his legs off; if he was too short, he stretched them. Frequently, we behave in this manner when we employ drugs; we give a fixed dose and hope that the patient adjusts to it. In the case of digitalis, as with many other drugs, there is a strikingly wide range in individual sensitivity and response. A maintenance dose for one patient may be a lethal dose for another and yet prove completely ineffective in a third." To this I add, that is what we have physicians for, men with trained minds, sensitive spirits, keen powers of observation and astute judgment.

As human beings, we must admit that vagueness, lack of standards, lack of specific guidelines makes us anxious. Thus some specific recommendations as to digitalis administration in acute myocardial infarction are warranted. I prefer the oral route, unless the patient is in shock, exhibits pulmonary edema, has a rapid atrial arrhythmia, or cannot take oral medications. The oral drug of choice is digoxin, better known as Lanoxin. This is a pure crystalline glycoside derived from the leaves of Digitalis lanata and is closely related to Lantoside C. It is the one glycoside obtained from Digitalis lanata not obtainable from Digitalis purpurea, from which we get digitoxin (Crystodigin). Its onset of action after oral ingestion is in one-three hours, its peak effect in six hours, its regression in 18 hours and its time of disappearance is in five to ten days. For example, the resident in general practice wisely and partially digitalized an elderly, obese, diabetic female in failure, with an extensive infarction and nodal tachycardia by giving 0.5 mgm. orally at 10:00 p.m. and another 0.5 mgm. orally at 4:00 a.m. Rounds were started on the Coronary Care Unit at 8:00 a.m. and we were able to go on from there with a maintenance dosage of 0.25 mgm. daily, six days a week, skipping Sundays. This is clinical titration letting the speed of digitalization depend on the state of the patient.

For rapid intravenous digitalization in a critical situation, cardiologists have gone back to an old drug, a drug used on the continent, a drug once advocated by the late Dr. Wyckoff, distinguished cardiologist at Bellevue Hospital of the 1930's. It is ouabain, the crystallized glycoside from strophanthus G. Ouabain is preferred because it provides us with a great deal of maneuverability, since its onset of action occurs in three to ten minutes, and its peak action is reached in one-half to one hour. 0.25 mg. (1/240 grain) of ouabain, used long ago as a poison on the tips of arrows, is injected, diluted up to 10-20 cc. over a slow period of time. Naturally, dosages advised here are based on the knowledge that no digitalis preparation has been given in the immediate past. 0.25 mgm. or even less—0.1 mgm. can be repeated in one-half to one hour as the need arises. No more than 1 mgm. should be given in 24 hours. After that, a regular oral maintenance dose of a standard preparation such as Lanoxin may be started. In many hospitals. there is considerable loyalty to Cedilanid D and the initial intravenous dosage here is 0.8 mgm. with additional increments of 0.2 to 0.4 mgm. every four hours, not exceeding 1.6 mgm. for the first 24 hours. Digitalization is then maintained by 0.25 mgm. daily.

Summary

Cardiac failure in the infarcted patient must be searched for diligently and treated wisely using the classical measures we all are so familiar with. Gentleness in the use of diuretics and digitalis is urged. A pharmacologic and clinical sensitiveness is so vitally necessary. Nor need one fear the use of digitalis. There is no evidence to support old concepts that digitalis reduces cardiac output and coronary blood flow. There are no cogent grounds to believe that rupture of the heart or dislodgment of mural thrombi are more likely to occur when the heart contracts more vigorously after digitalization. Maher of the Mallory Institute found exactly the opposite. In

effect, digitalization seems to protect the heart against rupture. But the final question is harder to answer—is the patient with acute myocardial infarction more sensitive to the arrhythmogenic aspects of digitalis or not? In animal experiments coronary artery ligation results in a 20 to 30% reduction of the toxic threshold. Is this the case in man? I cannot answer this, but urge returning to a concept repeatedly stated—the dose response curve of digitalis is such that its utilization need not be carried to the point of toxicity to obtain a substantial medical effect. Also one protects his patient further by facing up to shock, severe anoxia, acidosis or electrolyte derangement, factors increasing myocardial sensitivity.

Bartolommea Montagnana, a professor at Padua from 1422 to 1441 was, I regret to report, a surgeon. He is said to have dissected at least 14 human bodies, described a strangulated hernia, repaired a lacrimal fistula and extracted carious teeth. He probably was one of the earliest to describe heart failure. Among these observations was one ascribing cough to disease of the heart and it is not unlikely that he had observed this symptom in passive congestion of the lungs. In describing what appeared to be heart failure he probably also observed the irregularity (pulse) of atrial fibrillation. How excited he would be to see our sophisticated coronary care units until we admitted our nonfulfillment in reducing the high mortality from pump failure of the heart. ◀

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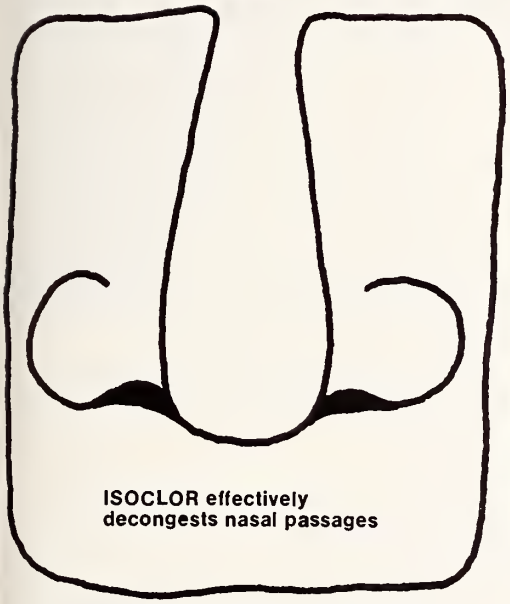

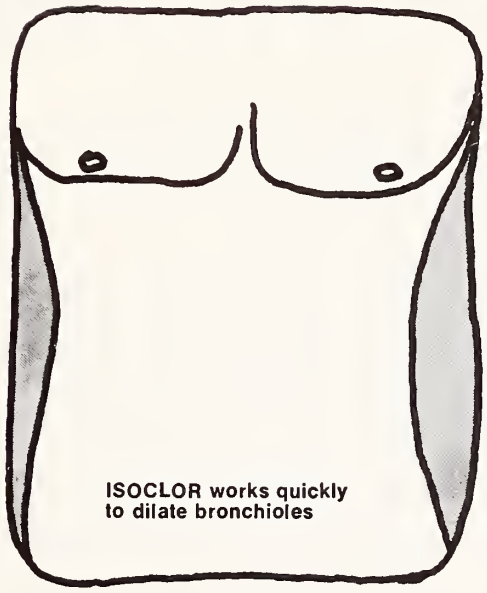

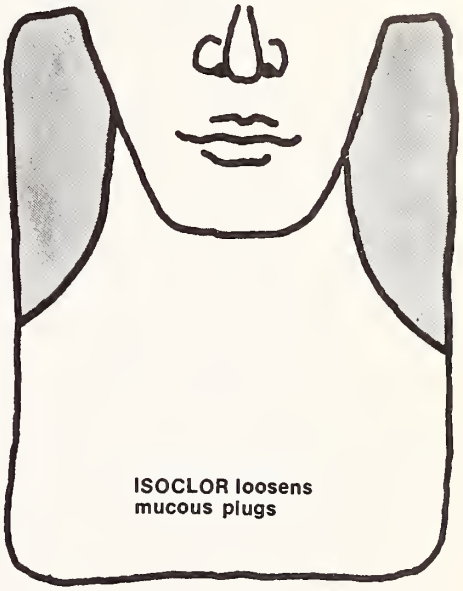

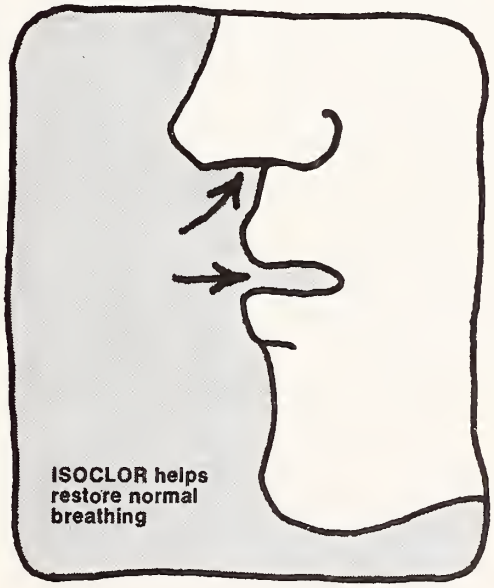

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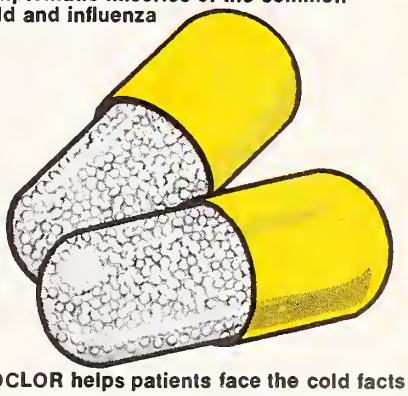

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Patients with cerebral symptoms due to narrowing of the cervical carotid arteries may be benefited by a reasonably safe surgical procedure.

Carotid Endarterectomy--A Safe and Beneficial Procedure with Proper Patient Selection

HARRY SIDERYS, M.D.
JOHN N. PITTMAN, M.D.
VINCENT B. RUNNELS, M.D.
Indianapolis

RAMSEY HUNT[1] described the symptoms of cerebral ischemia caused by occlusive disease of the cervical internal carotid artery in 1914. In 1954, the first surgical procedure on an obstructing lesion of the internal carotid artery was carried out by Eastcott, Pickering and Robb[2] on a 60-year-old woman who suffered repeated transient ischemic episodes characterized by an inability to speak or to use her right arm and leg. An obstructing lesion at the bifurcation of the carotid artery was treated by resection, and the patient experienced a complete recovery. Since the description of this historic case, multiple surgical procedures on the internal carotid artery and common carotid artery have been carried out and new and safer technics devised.

There have been ample reports in the last ten years describing successful surgery on atheromatous lesions of the cervical carotid artery. Occasional poor results or deaths in the early postoperative period have resulted in discussions concerning the safety of this procedure and considerable disagreement as to who should be a candidate for this surgery. The purpose of this brief report is to illustrate the relative safety of the procedure and to show that good results can be expected if patients are properly selected.

Materials and Methods

Sixty-eight patients (51 males and 17 females) were selected for thromboendarterectomy. Eighty-seven carotid and three vertebral procedures were performed. The average age of our patients was 59 years. The most common associated illness was hypertension, occurring in 29 of the 68 patients. Ten patients had abdominal aortic aneurysms; 15 had arteriosclerosis obliterans of the aortic and iliac arteries; eight patients had diabetes mellitus; five patients were asymptomatic and were selected for prophylactic surgery. The most common presenting symptoms were: depression of the level of consciousness (29 patients complained of lightheadedness, dizziness or faintness and 13 patients had syncopal episodes) and weakness or numbness of the contralateral extremities (described by 27 patients).

Of the 68 patients, 26 had visual difficulties in the ipsilateral eye, often described as a dark curtain or cloud coming over the eye, and 14 patients had difficulty with speech. Of particular interest was that 14 patients volunteered the information that they were not able to think as clearly and rapidly as they had in the past. They particularly noticed this in adding columns of figures or in doing crossword puzzles. This phenomenon probably represents a chronic decrease in cerebral perfusion. We feel decreased cerebration would be among the more common symptoms if all patients and their relatives were carefully questioned about their ability to think clearly and rapidly.

When a further decrease in cerebral perfusion occurs, transient cerebral dysfunction results, and the classic symptoms of carotid artery insufficiency follow which have been termed transient ischemic attacks (TIA's). Examination of these patients disclosed that all had bilateral pulsatile carotid arteries, and two-thirds had bruits over the carotid bifurcation. It has been noted that the bruit may disappear as the stenosis approaches total occlusion. All patients had preoperative cerebral angiography. The majority of procedures was performed by the femoral route since direct carotid puncture in an already seriously diseased artery may precipitate a fatal or disabling stroke. A typical carotid arteriogram performed by the retrograde technic is depicted in Figure 1.

Technic

The primary concern during the surgical procedures was the protection of the brain from ischemic insult during the period of occlusion of the carotid artery. The first successful surgery was performed under hypothermia at 28 degrees centigrade to

FIGURE 1
RETROGRADE carotid arteriogram shows a high grade stenosis at the origin of the internal carotid artery.

protect the brain. Although hypothermia was widely used during the early experience with carotid artery surgery, many innovations have been conceived to avoid the hazards and inconvenience of hypothermia.

Internal and external plastic shunts have had their advocates. A shunt from the brachial artery to the internal carotid artery has been utilized.[3] Some surgeons prefer to operate under local anesthesia and use a shunt only if and when the need for it is manifested by neurological symptoms or signs.[4] Another method of evaluating the need for a shunt is the continuous monitoring of the cerebral venous oxygen saturation as reported by Lyons.[5] Wells[6] tried to circumvent the use of a shunt with hypertension and hypercarbia to increase cerebral blood flow.

Although each of these technics has merit, the introduction of the Javid shunt and associated clamps has made the use of an internal shunt simple and convenient (Figure 2). The routine use of the Javid shunt in every procedure has proven its safety to many investigators.[7] Our use of the Javid shunt permits careful, unhurried thromboendarterectomy and the tacking down of any loose intimal flaps. We employ systemic heparinization during the time of carotid occlusion followed by neutralization with protamine sulfate. General anesthesia is used in each case. Our experience indicates that with the use of these modern safeguards, the common and internal carotid arteries can be operated upon without fear of ischemic injury to the brain.

Results

Sixty-eight patients were subjected to carotid thromboendarterectomy. Fifty-five patients (87%) had good results and recovered from their neurological signs and symptoms. One such patient was a 61-year-old female who was disabled due to dizziness, weakness of the left hand and a facial weakness. There was a bruit over the left carotid. Arteriograms disclosed complete occlusion of the right carotid artery and a high grade stenosis of the left carotid artery at the bifurcation. A left thromboendarterectomy was done which completely relieved her symptoms, and she continues to be asymptomatic. Another patient, a 57-year-old male, complained of dizziness of three months duration, headaches and blurred vision. He had bruits over both carotids. The left thromboendarterectomy cleared the symptoms of headaches and blurred vision, and the dizziness was relieved when the right side was operated two months later. Another patient, a 64-year-old male with a left hemiparesis, recovered the complete function of his arm which had been practically useless preoperatively.

Five patients had fair results (partial improvement) and eight had poor results (no improvement or death). One elderly patient, who had practically recovered from a stroke one month preoperatively, developed a profound hemiplegia and asphasia postoperatively and remains so disabled. One patient entered the hospital because of gangrenous toes in one leg and was found to have bilateral carotid stenosis. Prophylactic surgery was performed prior to an attempt to repair his severe aortoiliac disease. One week after a successful left carotid thromboendarterectomy, the patient had the same operation in the right carotid. He did well for two hours postoperatively until he developed a systolic blood pressure over 250 mm. Hg., followed by a stroke.

Four of the patients expired. Three of the deaths occurred in patients with a progressive or acute stroke. One death occurred in a patient operated for transient ischemic attacks and the final death occurred in an elderly patient operated on prophylactically prior to major vascular surgery.

Discussion

Our results and the results of others[8] show that the operation is a relatively safe one, especially in patients having transient ischemic attacks (TIA's). Most authors agree that poor results are most likely to occur in patients with a progressive or acute stroke, and since the purpose of surgery is stroke prevention and not stroke treatment, we now exclude these patients from surgery

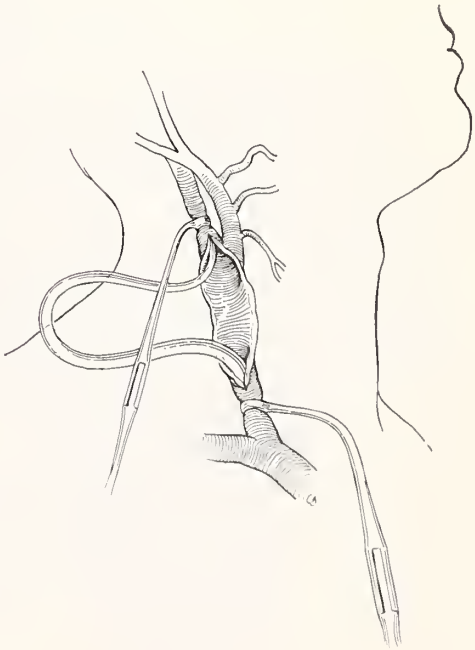

FIGURE 2
THE artist's drawing illustrates the use of the Javid internal shunt with appropriate clamps.

until at least six months later. Patients with a progressive or acute stroke are not usually benefited by restoration of blood flow, and restoration of blood flow in these patients may be hazardous.[9,10] Many patients with a progressive or acute stroke can be expected to improve spontaneously, and this makes it difficult to assess the results of surgery in these patients. Carotid artery surgery in a patient with a completed stable stroke and who does not have an incapacitating neurological deficit may be done to prevent further deterioration and occasionally some improvement may result.

Summary

Carotid artery surgery is an effective and safe procedure with proper patient selection. Use of the Javid shunt permits careful, deliberate thromboendarterectomy with considerably decreased risk of cerebral ischemia. Sixty-eight have been operated upon with good results in 87%. Careful evaluation of patients for cerebral ischemia will result in a greater number of prophylactic endarterectomy operations with a subsequent reduction in the number of patients disabled by stroke.

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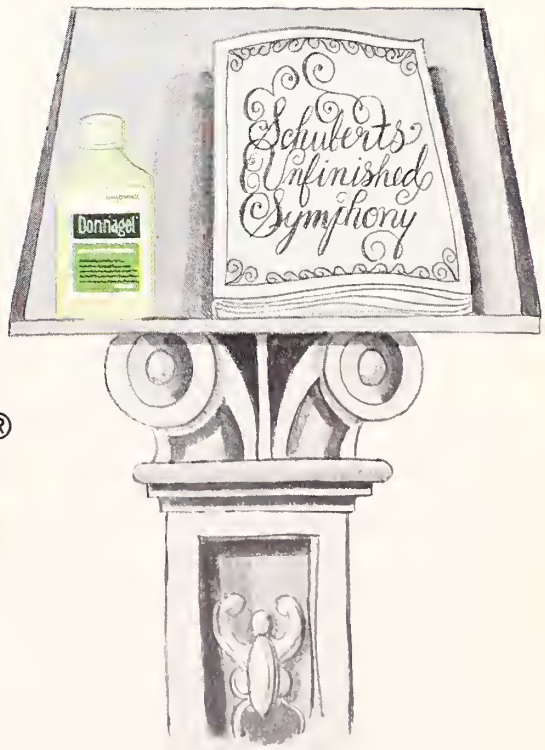

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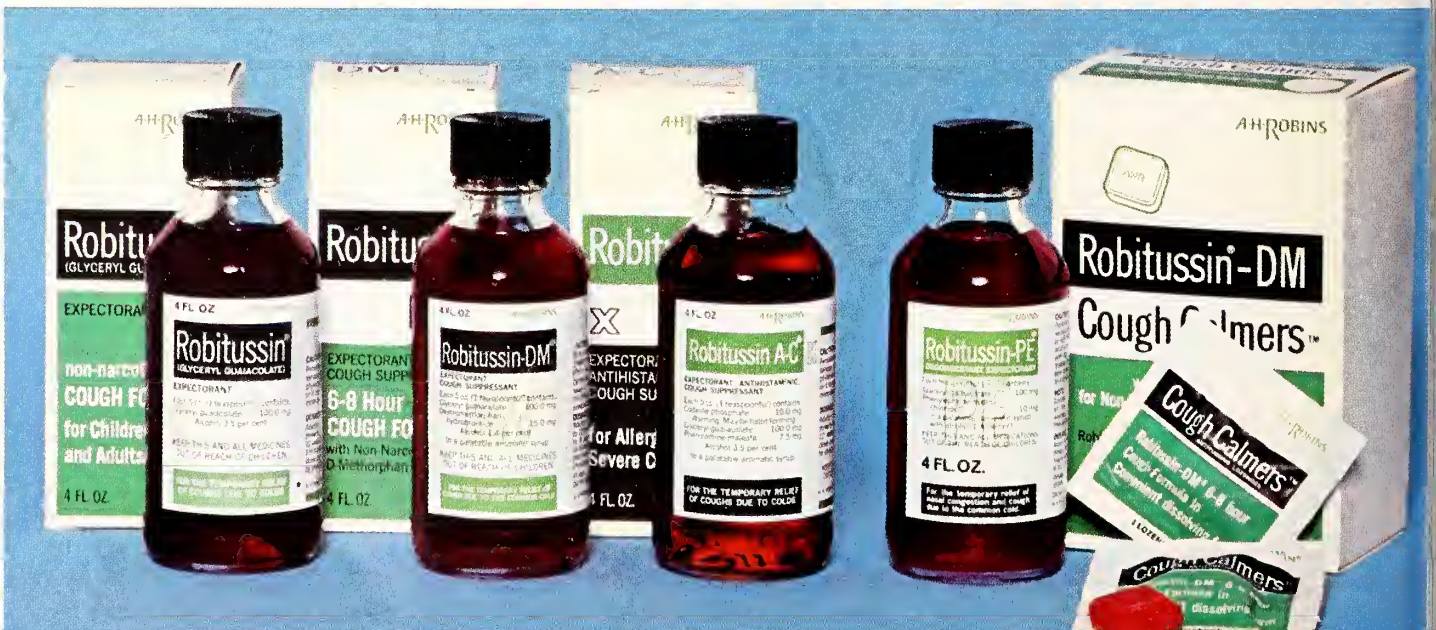

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Prompt diagnosis and early treatment are necessary for brain salvage.

Traumatic Occlusion of the Internal Carotid Secondary to Closed Craniocervical Injury

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*Indianapolis**

THROMBOSIS of the internal carotid artery secondary to penetrating wounds of the head and neck is a well recognized clinical entity. Not so familiar is internal carotid occlusion due to non-penetrating craniocervical injury. Although there may be no cervical cutaneous evidence of trauma, profound neurological deficits secondary to closed injury of the internal carotid artery in the neck may occur. Physicians dealing with traumatized patients must be aware of this entity if the common error of attributing neurological signs to direct cerebral injury is to be avoided and if prompt surgical treatment is to be effected.

The purpose of this report is to describe the clinical features and diagnostic pitfalls associated with this condition by a review of the literature and a presentation of four new cases.

Case Reports

Case 1. A 16-year-old white female was admitted to the Indiana University Medical Center on June 7, 1965, approximately two hours following an automobile accident. Physical examination revealed a blood pressure of 130/90 mm. Hg., and a regular pulse of 140 per minute. She could open her eyes and move her right arm and leg to painful stimulation but would not verbalize. She had blood behind the right tympanic membrane and was bleeding from the left ear as well. There was a complete right third nerve palsy, left facial weakness, and a marked flaccid left hemiplegia with bilateral extensor plantar responses. The right thigh was markedly swollen and a femoral fracture was demonstrated radiographically.

Bilateral carotid angiography was performed shortly after admission. The films showed an abrupt obstruction to flow of the contrast media in the right internal carotid artery at the level of the second cervical vertebra. The right common and external carotid arteries filled normally. There was no blood flow into the carotid siphon or intracranial vessels. The left carotid angiogram was normal.

After angiography the patient was taken to surgery and the right common, external, and internal carotid arteries were exposed. An arteriotomy 1 cm. distal to the bifurcation failed to reveal any clot. However, a Fogarty catheter was passed up the internal carotid artery about four inches with return of a large thrombus followed by vigorous backflow. No evidence of an intimal tear was seen.

There was little improvement in the patient's condition until four days following surgery when she became more responsive and alert. A right brachial angiogram performed one week after surgery showed patent vessels with some irregularity at the site of operation. She continued to improve and nine months following the accident showed only a very mild left facial weakness and a mild left hemiparesis with hyperreflexia.

Case 2. A 22-year-old white female was involved in an automobile accident on April 24, 1966, and was admitted to a local hospital where she remained unconscious for four days. On regaining consciousness, she was found to have both an expressive and receptive dysphasia and a right hemiparesis. On June 4, 1966, she was transferred to the Methodist Hospital in Indianapolis for further evaluation.

On examination she had a normal blood pressure and heart rate. A large "U" shaped laceration was present on the forehead. Significant neurological findings included a right homonymous hemianopsia, a mild right central seventh nerve palsy, a mild right hemiparesis with increased tone, and an equivocal right Babinski response.

Bilateral carotid angiography was performed and an obstruction to flow in the left internal carotid artery just

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distal to its origin was seen (Figure 1). The right carotid injection showed filling of the left anterior cerebral artery but no filling of the left middle cerebral artery. There was a small left to right shift.

On June 5, 1966, the patient was taken to surgery and the left common, external, and internal carotid arteries were exposed. An arteriotomy in the internal carotid artery, near its origin, revealed a large thrombus completely occluding the artery. This was removed and the artery was irrigated with only minimal back bleeding. A Fogarty catheter was then passed up the internal carotid artery and an additional thrombus was removed. Back bleeding, however, was still not optimal. The patient recovered from the operation satisfactorily. There has been only slight improvement in her dysphasia.

FIGURE 1
LEFT carotid angiogram (Case 2) showing complete obstruction of the internal carotid artery at the bifurcation.

Case 3. A 40-year-old obese white female was involved in an automobile accident on July 24, 1967, and was admitted to the Indiana University Medical Center. Physical examination revealed a blood pressure of 130/80 mm. Hg., a regular pulse of 100, and a normal respiratory pattern. The patient had a gaping right parietal scalp laceration. The right pupil was not visualized because of extensive periorbital edema. The left pupil reacted normally to light. No blood was seen behind the tympanic membrane. The patient moved all extremities spontaneously and followed commands, but did not verbalize. Approximately two hours after admission she suddenly became decerebrate.

Angiography was performed immediately and demonstrated narrowing and slow blood flow through both internal carotid arteries as they passed through the carotid foramina. These abnormalities were thought to be secondary to injury of the internal carotid arteries at the base of the skull with subsequent deformity and spasm.

The patient was treated with massive doses of dexamethasone and placed on a respirator. The following day her pupils became dilated and fixed to light and she became apneic and flaccid. She expired on July 29, 1967, five days after her injury.

At autopsy, the internal carotid arteries in their entirety were removed. An intimal laceration was found in the left internal carotid at its entrance into the petrous bone and there was an associated thrombus propagating distally into the intracranial portion of the carotid artery (Figure 2). Hemorrhage into the brain stem was also present.

Case 4. A 22-year-old white female was involved in an automobile accident on April 14, 1968, and sustained multiple injuries to the head, neck and extremities. Physical examination one hour and 15 minutes after the accident revealed a blood pressure of 108/60 mm. Hg. and a pulse of 100 per minute. There was persistent left facial seizure activity. The neck was supple, but subcutaneous emphysema was noted about the trachea. The patient did not respond to verbal questioning but did move all extremities purposefully to painful stimuli. The cranial nerves functioned normally. The muscle stretch reflexes were brisk and equal bilaterally and no pathological reflexes were elicited. Approximately four hours after admission, she developed a left spastic hemiparesis.

Radiographs demonstrated multiple fractures of the facial bones, a comminuted fracture of the mandible, and a severe displacement and fracture of the head of the left femur. Disruption of the bony contour of the hyoid bone was suspected. Angiography was performed immediately following the neurological deterioration and demonstrated a severe obstruction to flow to the internal carotid artery and a probable carotid artery dissection.

The patient was taken to surgery and the carotid vessels were exposed. There was no pulsation distal to a point two centimeters above the bifurcation. Endarterectomy and passage of a Fogarty catheter produced a freshly formed blood clot and a circular piece of intima approximately 1 cm. long which was removed intact. Fair retrograde flow was obtained.

The day following surgery the patient developed Cheyne-Stokes respi-

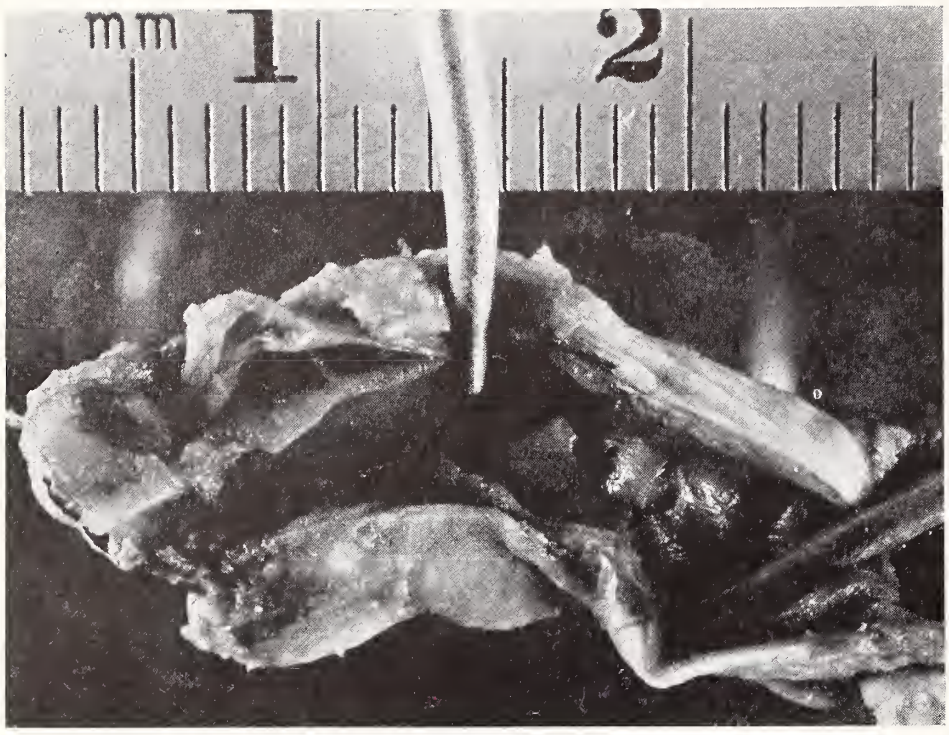

FIGURE 2
POST-MORTEM specimen of internal carotid artery (Case 3) demonstrating an intimal laceration.

ration and began producing large amounts of bloody sputum. She was placed on an Emerson ventilator but the neurological status deteriorated steadily to death on April 18, 1968.

Discussion

The first case of traumatic occlusion of the internal carotid artery was reported in 1872 by Verneuil.[10] Since then the number of reported cases has steadily increased and Fleming recently culled 90 cases from the literature.[2] We have found an additional 21[3,10,17], plus the four present cases. The incidence of internal carotid occlusion in patients hospitalized for craniocervical trauma has been estimated at 0.2% by Gleave.[4] This is compared to the 0.9% incidence of epidural hematoma.

Etiology

Although traumatic occlusion may occur at any point in the internal carotid artery, the most frequent site is at or near the bifurcation (Table 1). Many theories have been proposed to explain the mechanism of the occlusion. Trauma to the vessel with compression against the vertebral transverse processes has been advocated by many.[1,5] Occlusion of the intracranial portion of the internal carotid artery may be related to the vessel's fixed position in the cavernous sinus. A force which displaces the brain, therefore, may stretch the vessel and produce an intimal tear.[8,15] Sudden movement of the head and neck to one side,[4,9] intraoral trauma to the peritonsillar area,[13] spasm,[5,12,14] and basilar skull fracture[9] have all been implicated as important causative factors.

Regardless of the type of trauma, a tearing of the vessel's intima is probably the most important factor causing the thrombosis. Yamada, et al. reported that an intimal tear was found in 62% of the cases in which the pathology was definitely known.[18] In Cases 1 and 2, no intimal damage was recognized at the time of surgery; compression against the vertebral transverse process may have produced the thrombosis. In Cases 3 and 4, tearing of the intima may have been related to stretching of the vessels at the time of the severe craniocerebral trauma.

Clinical Course

Characteristically, following a severe or a minor head injury, there is a lucid interval and then a rather sudden onset of hemiplegia and/or dysphasia. In approximately 80% of the reported cases, symptoms have developed within 24 hours of injury,[2] but they may occur as early as three hours or as late as 60 hours.[4]

The delayed onset of symptoms, which seems to be a fairly constant feature in all reported cases, mimics the lucid interval of an epidural hematoma and leads to confusion in diagnosis. There are in some cases, however, features which help to distinguish the two. The patient with traumatic carotid artery occlusion will on occasion be responsive and alert in spite of a marked neurologic deficit. Other helpful findings in carotid thrombosis include the absence of general signs of cerebral compression, the presence of Horner's syndrome in one-third of the cases, the absence of skull fracture in the majority of cases and evidence of trauma to the upper part of the chest.[6,7,16] None of the present cases had a lucid interval. Case 1 on admission responded purposefully, but exhibited a profound hemiplegia.

Diagnosis

Unfortunately, there are no physical findings which enable one to make a confident diagnosis of an occluded internal carotid artery in the traumatized patient. Suspicion should be aroused if there is evidence of trauma to the neck or upper chest, but angiography remains the most definitive diagnostic procedure. This examination also serves to identify possible concomitant intracranial abnormalities. Because of the profound neurological deficits, an epidural hematoma is frequently suspected and, unfortunately, angiography is often performed only after trephination has failed to reveal a hematoma. Other diagnostic procedures which may be helpful are ophthalmodynamometry and ophthal-

mosonometry; the latter is a new ultrasonic method for assessing carotid blood flow;[11] when available, rapid gamma scanning may also be useful.

Treatment

Neurological disturbances occur in patients with traumatically occluded carotid arteries because of the lack of collateral blood flow to the ischemic brain, embolization to the distal intracranial vessels, or extension of the dissection and/or thrombus into the branches of the internal carotid. It is well known that occlusion of one carotid artery, especially in younger patients, usually produces no neurological deficits. Considerable significance, therefore, must be attributed to embolization and distal propagation of the thrombus. Indeed, Trevor Hughes has recently demonstrated small emboli in the middle cerebral artery and lateral striate arteries of two patients with traumatically occluded internal carotid arteries.[10]

The only form of treatment that will restore blood flow and prevent embolization and further dissection is thromboendarterectomy. Understandably, the success of this procedure will depend on the promptness with which it is carried out and the preoperative neurological state. Clots inaccessible to direct extraction may be removed with the Fogarty balloon catheter as illustrated in Cases 1 and 2. This technic, however, may release emboli into the intracranial vessels and further aggravate the neurological problem.

All four of the patients in this series had thromboendarterectomies and in only one was surgery of probable benefit. In a review of 52 cases, Yamada et al. reported a mortality rate and lasting central nervous system deficits in 52% of the survivors.[18]

Summary

Four patients with thrombosis of the internal carotid artery secondary to non-penetrating cervical wounds are presented. All had thromboendarterectomies performed. Two patients died, one has a minimal neurological deficit, and the other has a residual dysphasia. The pathophysiology, clinical course, diagnostic procedures, and method of treatment are presented and discussed.

SUMMARY OF DIAGNOSIS, ANATOMY AND PATHOLOGY OF 78 CASES

	Number	Percent
Method of Diagnosis:		
Autopsy only	7	9.0%
Autopsy following trephining or craniotomy	4	5.1
Craniotomy, angiogram	6	7.7
Exploration only	1	1.3
Angiography	60	76.9
Site of Occlusion:		
Common carotid	3	3.8
At or just above bifurcation	36	46.2
Between bifurcation and base of skull	29	37.2
Base of skull	7	9.0
Intracranial	3	3.8
Type of Damage to Vessel Wall:		
No damage apparent	12	15.4
Intimal tear	26	33.3
Intramural hemorrhage	2	2.6
Scarring of wall (fibrosis)	3	3.8
Status unknown	35	44.9

TABLE 1

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Federal Bureau of Narcotics Lists 15 Dont's as Physician Safeguards

The Federal Bureau of Nacotics has prepared *Don'ts for the Practitioner* to protect him from narcotic addicts and abusers.

Don't leave prescription pads around; addicts may be forgers.

Don't write a narcotic prescription in lead pencil, or any Rx at all in pencil as they may be changed to call for morphine.

Don't write narcotics as "Morphine HT ½ # X" or "Morphine HT ¼ # 10."
Several X's or zeroes can be added to raise the amount. Use brackets or spelling.

Don't carry a large stock of narcotics in your bag. Addicts are often watching M.D.s' offices and cars.

Don't store your office narcotic supply unprotected, especially near a sink or washroom; patients may ask to use these facilities.

Don't fall for a story from a stranger claiming an ailment that usually requires morphine. The addict can produce blood sputum, simulate bad coughs or other symptoms. Make your own diagnosis.

Don't give an Rx to anyone except the actual patient. Addicts have posed as nurses.

Don't write for large quantities of narcotics unless unavoidable.
Diversion to addicts is profitable, as much as $1 for ¼ grain M.S.

Don't prescribe narcotics on the story that another physician has been doing so; consult that physician or hospital records.

Don't leave Rx's signed in blank for nurses to fill in; many have been stolen by addicts.

Don't treat an ambulatory addict. They must be under proper control; many go to several physicians at one time.

Don't dispense narcotics without keeping records, although bedside and office administration is permissible.

Don't buy your office narcotic needs on an Rx blank. The law requires that you use an official order form.

Don't resent a pharmacist's call for verification of an Rx. He is held responsible if forgeries are filled.

Don't hesitate to call an agent of the Federal Bureau of Narcotics (at your nearest Federal Building) or the Narcotics Division of your State Department of Health if the patient is suspect. Your information will be held in strict confidence.

Do not phone in a *Class A Narcotic* Rx except in true emergencies; even then, the pharmacist must have a written prescription in his or his agent's hand before he can make delivery to your patient. The pharmacist or his agent may pick up the Rx at your office or at the home before making delivery.

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Warnings: **Do not use dietary potassium supplements or potassium salts unless hypokalemia develops or dietary potassium intake is markedly impaired.** Enteric-coated potassium salts may cause small bowel stenosis with or without ulceration. Hyperkalemia (>5.4 mEq/L) has been reported, in 4% of patients under 60 years, in 12% of patients over 60 years, and in less than 8% of patients overall. Rarely, cases have been associated with cardiac irregularities. Accordingly, **check serum potassium and BUN during therapy, particularly in patients with suspected or confirmed renal or hepatic insufficiency (e.g., certain elderly or diabetics). If hyperkalemia develops, substitute a thiazide alone. If spironolactone is used concomitantly with 'Dyazide', check serum potassium frequently**—their combined use can cause potassium retention and sometimes hyperkalemia. Two deaths have been reported in patients on such combined therapy (in one, recommended dosage was exceeded; in the other, serum electrolytes were not properly monitored). Observe regularly for possible blood dyscrasias, liver damage or other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving Dyrenium (triamterene, SK&F). Rarely, leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with the thiazides. Watch for signs of impending coma in acutely ill cirrhotics. Thiazides are reported to cross the placental barrier and appear in breast milk; thus adverse reactions which have occurred in adults may occur in the fetus or newborn infant. Rarely, thrombocytopenia or pancreatitis has developed in newborn infants whose mothers had received thiazides during pregnancy. When used during pregnancy or in women who might bear children, weigh potential benefits against possible hazards to fetus.

Precautions: Do periodic serum electrolyte determinations. Do periodic blood studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in postsympathectomy patients. The following may occur: hyperuricemia and gout, reversible nitrogen retention, decreasing alkali reserve with possible metabolic acidosis, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), digitalis intoxication (in hypokalemia). Use cautiously in surgical patients. Adjust dose of antihypertensive agents given concomitantly.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis; rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting (may indicate electrolyte imbalance), diarrhea, constipation, other gastrointestinal disturbances. Rarely, necrotizing vasculitis, altered carbohydrate metabolism, hyperbilirubinemia, paresthesias, icterus, pancreatitis, and xanthopsia have occurred with thiazides alone.

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Current Concepts of Cardiac Contractility*

GENE CONWAY, M.D.
ROBERT HEAZLITT, Ph.D.
Cincinnati, Ohio**

THE cellular and molecular events responsible for contraction of heart muscle and the derangement of these processes which may be present in the failing heart have long been of interest to clinicians and research workers. The myocardium, in common with other muscles, must liberate biochemical energy and transform it into mechanical work (Figure 1). Consequently, an understanding of cardiac contractility requires the correlation of information available from physiological and biochemical laboratories with knowledge of the function of the intact heart.

Hill showed that increasing the load against which a muscle was contracting caused the speed of shortening to progressively decrease until external shortening no longer occurred, the so-called force-velocity relationship (Figure 2). At a load where no shortening occurs, the muscle is developing maximum isometric force, and conversely at zero load, the muscle shortens with maximum velocity (V_{max}). Hill also showed that the heat produced by the muscle depended on the extent of shortening with a superimposed contribution related to the speed of shortening.

Preload and Afterload

The load against which the muscle works can be divided into the preload and the afterload. The preload determines the resting length or "stretches" the muscle. The afterload is an additional load which is encountered after the muscle begins to contract. In the intact heart, the ventricular end-diastolic pressure is a function of the diastolic filling volume, which corresponds to the preload and stretches the ventricular muscle. The arterial diastolic pressure and vascular resistance represent the afterload.

Heart muscle is characterized by its ability to change its force-velocity relationship (Figure 2). Stretching heart muscle produces an increase in maximum isometric force without affecting the speed of shortening. At the molecular level, stretch may increase the number of active sites participating in muscle shortening (vide infra). The increase in contractility consequent to stretch is the basis of the Frank-Starling relationship (Figure 3). On the other hand, positive inotropic agents (e.g., digitalis, norepinephrine, calcium) usually produce an increase in both the force and the speed of contraction, which is reflected by the increased rate of pressure rise ($\frac{dP}{dt}$) observable in the ventricles after treatment with these agents (Figure 4). It is possible that at the molecular level, the activity of the sites participating in muscle shortening may be increased by positive inotropic agents.

The oxygen requirement of the intact heart is directly related to the duration of active tension (tension-time index), shortening and the speed of shortening. Increasing the speed of shortening at a constant tension will increase the oxygen requirement in contrast to increasing the contraction velocity of an unloaded muscle. Increasing the work of the left ventricle by increasing the stroke volume causes much less increase in oxygen consumption than when the work load is increased by raising the aortic pressure, i.e., increasing the afterload. In the laboratory, positive inotropic agents have been found to increase the oxygen consumption of isolated heart muscle. However, in the clinical setting, inotropic agents may

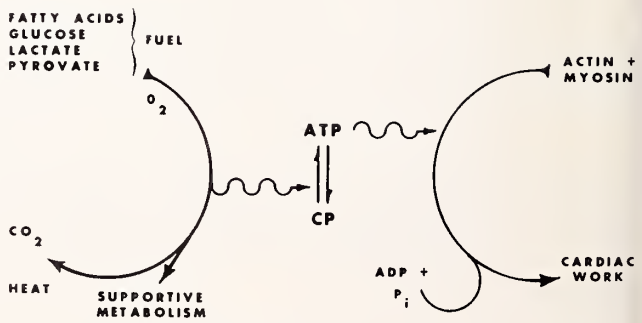

FIGURE 1
ENERGY for cardiac contraction is liberated from fuels (food stuffs) almost entirely by oxidative metabolism, conserved as creatine phosphate and adenosine triphosphate (CP=ATP) and transferred through ATP to provide the driving energy for movement of the myofilaments (actin and myosin interaction).

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* Presented at Grand Rounds, Marion County General Hospital, Indianapolis, September 15, 1969.

** From the Medical Research Section of the Veterans Administration Hospital, the Cardiac Research Laboratory and the Department of Internal Medicine, University of Cincinnati College of Medicine, Cincinnati, Ohio 45219.

Work from our laboratory, referred to in this paper, was supported by the Veterans Administration, The National Heart Institute (Grant # HE 08105) and the Heart Association of Southwestern Ohio.

FORCE - VELOCITY RELATIONSHIPS

FIGURE 2

CURVES demonstrating the relationship between force and velocity developed by a contracting muscle. For cardiac muscle working along the lower curve, intervention by an inotropic agent (e.g., digitalis, norepinephrine) will result in a displacement from point A to B, i.e., the same or greater force will be developed at a greater velocity of contraction. Similarly, stretching nonfailing cardiac muscle will displace A to C, or will result in increased force developed at the same velocity of contraction.

decrease the oxygen consumption by causing a reduction in the heart size. Myocardial oxygen consumption depends on the tension (or stress per unit volume) developed in the ventricular wall and the tension required to cause shortening of the muscle fibers increases considerably with dilatation of the heart. Consequently, reduction in the heart size may result in a net decrease in oxygen consumption.

Valvular Insufficiency

Mitral and aortic valvular insufficiency increase the end-diastolic volume of the left ventricle and may raise the end-diastolic pressure. In effect, both lesions increase the preload of the ventricular muscle, but a comparable degree of regurgitation from aortic valvular insufficiency causes a greater increase in preload. Mitral valvular insufficiency allows part of the stroke volume to be ejected into the low pressure left atrium and decreases the forward stroke volume. The afterload on the ventricle is decreased and left ventricular systolic pressure peaks and declines more quickly than normal, while the ventricular cavity volume decreases rapidly. Thus the ventricular myocardium is required to develop less total tension than under normal conditions.

Dynamically, aortic valvular insufficiency differs from mitral insufficiency in that the entire stroke volume must be ejected into the aorta, where the pressure is greater than in the left atrium. Consequently, an increased stroke volume is ejected against a significant afterload and a higher than normal peak systolic pressure is produced by the dilated ventricle, which requires that a greater than normal total tension be developed. The left ventricle of aortic valvular insufficiency has, in fact, been found to have a greater oxygen requirement than a left ventricle with a comparable degree of mitral valvular insufficiency.

Under a systolic overload (e.g., systemic hypertension, aortic stenosis), the compensated left ventricle functions from a normal preload against an increased afterload. The shortening rate is slowed, but increased tension is developed over a longer time, thus increasing oxygen consumption.

In the failing left ventricle, contractility decreases, and the ejection fraction decreases, while the end-systolic volume, and consequently, the end-diastolic volume, increases. The resulting increased preload stretches the ventricular myocardium, and through the Frank-Starling mechanism, there is an increase in the active tension produced by the myocardium. Contractility may improve sufficiently at the new fiber length, or end-diastolic volume, to allow the heart to regain compensation. Ultimately, however, heart failure usually progresses, the myocardial fiber-stretch approaches the maximum and the end-diastolic pressure increases. Under these conditions the Frank-Starling mechanism no longer functions to compensate for the depressed myocardial contractility and overt failure appears.

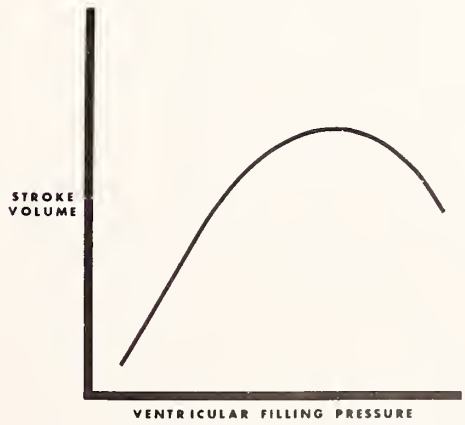
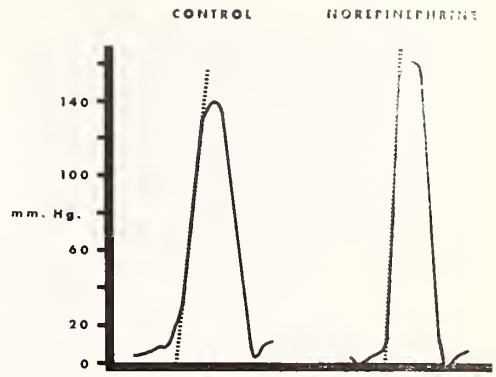


FIGURE 3

DIAGRAMMATIC representation of the Frank-Starling relationship between ventricular filling pressure and stroke volume.



EFFECT OF NOREPINEPHRINE ON DEVELOPMENT OF VENTRICULAR PRESSURE

FIGURE 4

VENTRICULAR pressure curve before and after treatment with norepinephrine. Note increased rate of pressure rise ($\frac{dP}{dt}$), greater peak pressure, decreased end-diastolic pressure and slightly decreased duration of pressure after norepinephrine.

The Sarcomere

Current theory of muscle contraction and the known ultrastructure of muscle contribute to an explanation of the Frank-Starling curve. The basic contractile unit, the sarcomere, is composed of interdigitating protein filaments, myosin and actin (Figure 5). As the muscle contracts, the sarcomere shortens and the interdigitating actin and myosin filaments slide past each other, presumably as a result of repetitive interaction at cross-bridging sites.

At unloaded rest length, the actin filaments can be seen to meet and overlap in the middle of the sarcomere (Figure 6). As the sarcomere is stretched, these filaments separate, and presumably, as further tension is applied, increasing numbers of active

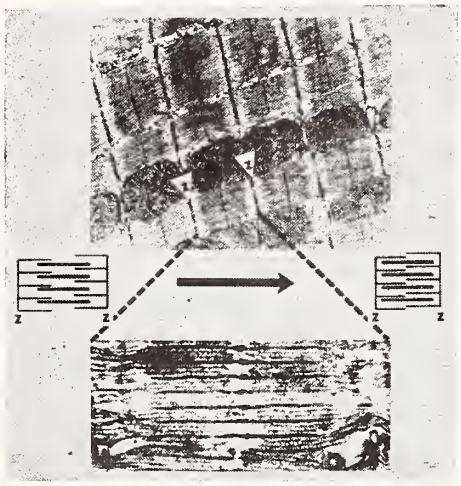
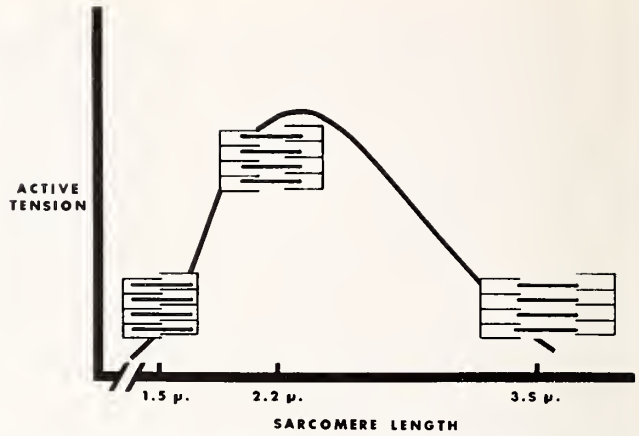


FIGURE 5

ELECTRON micrographs showing interdigitation of muscle filaments and (high magnification) apparent cross-bridges between thin (actin, and thick (myosin) filaments. The basic contractile unit between two dark end-lines (z lines) is the sarcomere. The diagrams depict the sliding of the interdigitating filaments which occurs as the sarcomere shortens. (Electron micrographs courtesy of Dr. John Partin).

FIGURE 6

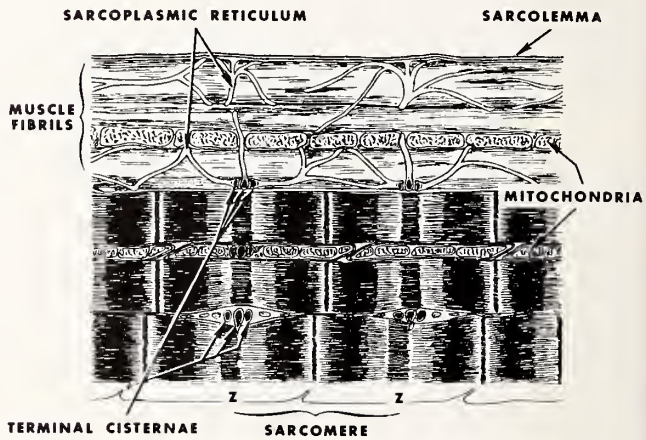
THE relationship between the development of active tension and the resting position of the myofilaments. Maximum active tension develops at sarcomere lengths of about 2.2μ and no active tension develops at sarcomere lengths over 3.5μ, at which point the myofilaments no longer interdigitate. Note resemblance of active tension curve to that of the Frank-Starling curve.



RELATION OF ACTIVE TENSION DEVELOPED TO SARCOMERE LENGTH

FIGURE 7

DRAWING of a muscle fibril to demonstrate the relationship of the sarcoplasmic reticulum (S-R) to the myofibrils and myofilaments. Note the continuity of the tubular portion of the S-R with the myofibrillar membrane (sarcolemma) and the relationship of the terminal triads to the z lines or ends of each sarcomere, thus providing an anatomic basis for the transmission of a stimulus from the myofibrillar membrane to the sarcomere.



sites on the myosin and actin filaments come into apposition. Over this range of applied tension, the active tension developed by the myofibril increases, as shown by Peachey and Huxley. As the sarcomere is stretched past 2.2μ, the developed tension decreases and when the length exceeds 3.5μ, at which point the filaments no longer interdigitate, the developed tension falls to zero.

From acute experiments, Spotnitz and co-workers have shown that papillary muscles from dog hearts develop maximum tension when stretched to yield sarcomere lengths of about 2.2μ. Progressively decreasing tension was developed at greater sarcomere lengths, and the end-diastolic pressure rose rapidly when the intact heart was dilated sufficiently to stretch the sarcomeres to a greater length.

Currently the sliding-filament theory of muscle contraction is widely accepted, but little information is available regarding the interaction between the actin and myosin filaments which is responsible for their relative movement. It has been shown that calcium ions (Ca^{++}) are important in initiating contraction and that adenosine triphosphate (ATP) is hydrolyzed during muscle activity.

The anatomy of the sarcoplasmic reticulum (S-R) with its terminations near the z lines, which demarcate the sarcomeres, suggests that it may function in the excitation and chemomechanical coupling of the myofibrils (Figure 7). The tubular portion of the S-R presumably transmits the activation from the muscle membrane to the myofilaments. This results in Ca^{++} being released into the interfilament space where it may interact with proteins troponin and tropomyosin and depress their inhibition of actin-myosin interaction.

It is of interest that tritiated digoxin appears to preferentially bind to the S-R at the z line. There is evidence that digoxin affects the release of Ca^{++} from the S-R. We have evidence of depressed calcium release from the S-R of our dogs with experimental heart failure.

Cardiac Contractility

Epinephrine, norepinephrine and isoproterenol cause striking increases in cardiac contractility, but the pathway by which these catecholamines produce their positive inotropic effect is less clear. Cardiac muscle develops resting tension under an optimum preload, and catecholamines

increase this resting tension. It is not presently known whether increased metabolism results in increased production of available energy or whether the end result is altered Ca^{++} release.

Like other workers, we have been unable to find any gross physical-chemical changes in the major contractile proteins from failing dog hearts. However, we have found myosin from severely failing dog hearts to exhibit depressed EDTA activated ATPase, changes in ATPase activation after modification by sulfhydryl binding reagents, and decreased actin-myosin binding at low temperatures in the presence of phosphate buffer. The possibility must be considered that these differences are the result of altered ion (perhaps Ca^{++} or Mg^{++}) binding by the contractile proteins. ◀

AMA Appoints Staff Member to Strengthen SAMA Liaison

Liaison between the Student American Medical Association and the American Medical Association staff will be the responsibility of the editor of *American Medical News*, Marvin L. Rowlands.

The appointment was made by Ernest B. Howard, M.D., executive vice president of the AMA.

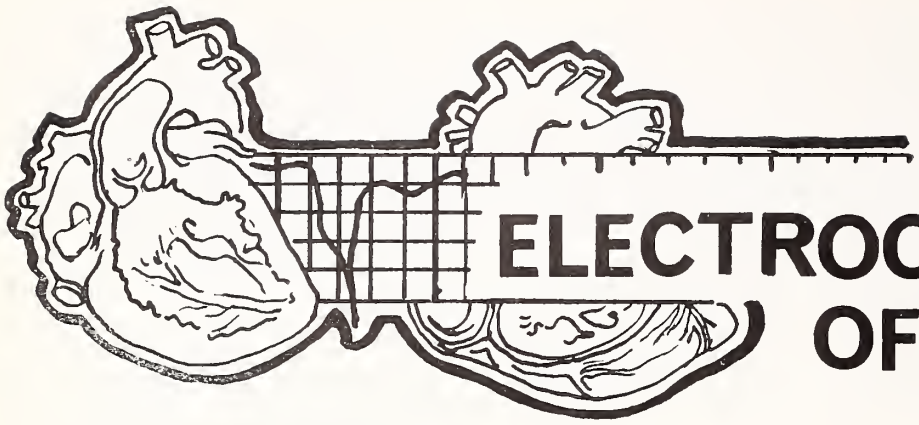
Rowlands' assignment will supplement the work of the liaison committee of the AMA Board of Trustees. Irvin E. Hendryson, M.D., Albuquerque, N.M., who is vice chairman of the AMA Board, serves as chairman of its SAMA liaison committee.

"I have asked that greater emphasis be placed on liaison between SAMA and the AMA staff, Doctor Howard said. "Marvin Rowlands has beendirected to coordinate efforts of the AMA staff to provide every possible assistance which SAMA members and staff request."

Doctor Howard emphasized that the AMA staff recognizes the autonomy of SAMA, but said that the AMA can offer many supporting services to assist the medical students' organization.

The AMA headquarters building is in downtown Chicago and the SAMA executive offices are in Flossmoor, a Chicago suburb.

Rowlands has been a member of the AMA staff since 1958, and editor of *American Medical News* since 1965. Previously, he served as managing editor and an associate editor of the newspaper.



ELECTROCARDIOGRAM OF THE MONTH

Myocardial Infarction: Junctional Tachycardia with A-V Dissociation

CHARLES FISCH, M.D.
*Indianapolis**

A not infrequent complication of inferior (posterior) myocardial infarction is partial A-V block with an acceleration of the A-V junction (node) resulting in A-V dissociation. It is important to recognize this particular arrhythmia and to differentiate it from complete A-V block because in contradistinction to conventional complete heart block it carries good prognosis and as a rule requires no treatment. Furthermore, failure to differentiate this type of A-V dissociation from the conventional third degree (complete) heart block with a slow ventricular response accounts for the marked variation in the prognosis of myocardial infarction with heart block from series to series.

An example of a junctional tachycardia with A-V dissociation is illustrated in the accompanying figure. The acute inferior infarction is manifest by the deep Q wave and elevated S-T segment in lead 2. The atrial (P) rate is 120 and ventricular (QRS) is 80, both regular, neither showing any temporal relationship to each other, the classical diagnostic features of A-V dissociation. The atria are driven by the SA node and the ventricles by the A-V node. The usual nodal rate is 40-50, thus a rate of 80 indicates junctional acceleration or a junctional (A-V nodal) tachycardia. Some degree of A-V block must also be present, otherwise the P waves which fall outside the refractory period would conduct to the ventricles. A-V dissociation in conventional complete heart block can be assumed to be due to interruption of A-V conduction. In the present case, the A-V dissociation is maintained by some depression of A-V conduction, but largely by refractoriness, engendered by the junctional focus and once this disappears, normal A-V conduction is usually seen. ◄

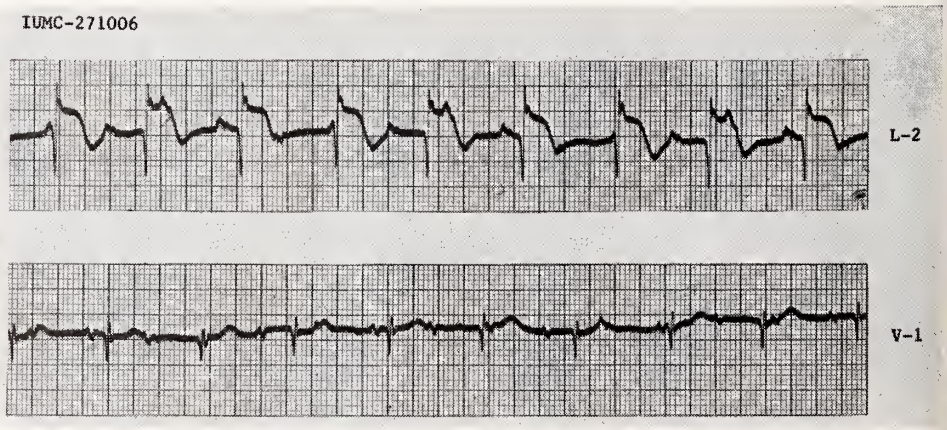


FIGURE 1
ACUTE inferior (posterior) myocardial infarction with A-V junctional (nodal) tachycardia.

* From the Krannert Institute of Cardiology, Marion County General Hospital and the Department of Medicine, Indiana University School of Medicine, Indianapolis 46202.

X-RAY CONFERENCE

Tuberculosis of the Urinary Tract

*ERICH K. LANG, M.D.**
Shreveport, La.

THIS 42-year-old white female was treated and followed as an outpatient for tuberculosis of the urinary tract for the past five years.

The chief complaint at the time of first admission was hematuria. Cystoscopy at that time revealed a beefy red mucosa of the bladder and acid fast bacteria were found on smear and confirmed by subsequent guinea pig inoculation. Tuberculin tests at all strength levels were negative. The intravenous urogram showed only minimal blunting of the calyces of the left kidney. Chest roentgenograms revealed old fibrocalcific changes in the right apex. The patient was placed on prolonged antitubercular therapy.

The patient was readmitted on four occasions with bona fide re-exacerbations of acid fast disease in the following three years. At least once, this re-exacerbation developed while on antitubercular drug management.

Serial intravenous urograms demonstrated progressive destruction of renal parenchyma by abscess cavities. Mortar-like calcifications developed in the areas of parenchymal destruction and necrosis. Loss of normal architecture of all calyces ensued. Gross irregularity and spasm of both the right and left lower ureters and evidence of obvious ulceration were observed during one of these exacerbations.

At the time of this admission, the left kidney failed to show any dye excretion; the right kidney showed only poor and delayed function. A retrograde pyelogram filled shaggy abscess cavities in the left kidney (Figure 1). Mortar-like calcifications were demonstrated in the perimeter of these abscess cavities. Marked strictures of the distal right and left ureters were noted, apparently the end stage of an ulcerative tubercular ureteritis. Pyeloureterectasis of the right excretory system was felt to be caused by stricture of the distal right ureter. A calculus appeared to be lodged in the midportion of the left ureter. Cystoscopic examination revealed a granular appearance of the mucosa of the bladder. The capacity of the bladder was markedly decreased.

In view of the obvious refractory and progressive nature of the disease, a left nephroureterectomy was carried out. Dilatation of the distal right ureter was attempted for two months, however, an ileal loop implant was finally carried out because of progressive worsening of the

FIGURE 1
RETROGRADE pyelograms of the right and left kidneys demonstrate severe strictures of the distal right and left ureters. A mild hydronephrosis of the right kidney has resulted from obstruction in the distal right ureter. Filling of a shaggy cavity in the left kidney is seen. The plain roentgenogram of the abdomen reveals mortar-like calcification in the perimeter of this shaggy cavity. A calculus is lodged in the midportion of the left ureter. Marked loss of parenchyma of the left kidney and almost complete destruction of the calyces is noted.

* Professor and Chairman, Department of Radiology, Louisiana State University School of Medicine in Shreveport, Shreveport, La. 71101.

stricture at the ureterovesical junction in spite of multiple dilatations. The patient was maintained on antitubercular therapy during the entire period.

Discussion

The intravenous urogram is an excellent modality to follow tuberculosis of the urinary tract and assess the effects of drug therapy. Not infrequently one may observe progressive destruction of calyces and renal parenchyma in patients on massive antitubercular drug therapy. Renal tuberculosis causes, almost invariably, involvement of the urinary bladder. Cystoscopy shows a characteristic beefy red mucosa in acute tubercular cystitis. Late sequelae of tubercular cystitis are strictures of the ureters at the ureterovesical junction and a marked reduction of the capacity of the bladder. Occasionally, shell-like calcifications may be demonstrated in the wall of the bladder similar to those seen in schistosomiasis. The dreaded complication of tubercular ureteritis in its early phase may be suspected on basis of gross irregularity and demonstrable ulceration of the ureter seen on either intravenous urogram or retrograde pyelogram. The late stage of this complication invariably results in severe strictures, usually involving the lower third of the ureter. Hydronephrosis of a noninvolved kidney may be caused by stricture of the lower ureter or at the ureterovesical junction.

The intravenous urogram and retrograde pyelogram permit assessment of progression of tuberculosis of the urinary tract. The effectiveness of drug therapy may be concluded on basis of regression or absence of progression of destructive manifestations involving the urinary tract.◀

I.U. School of Medicine Postgraduate Courses (Division of Postgraduate Medical Education)

DATE	COURSE TITLE	LOCATION	COURSE DIRECTOR
Feb. 25, 1970	New and Renew	Fort Wayne, Indiana	Dr. R. Mann
Mar. 4-5-6, 1970	*Electrocardiography for Physicians—21st Annual Course	I. U. M. C.	Dr. W. D. Close
Mar. 11, 1970	The Adolescent and the Practitioner	I. U. M. C.	Dr. J. Simmons
Mar. 18, 1970	*Practical Endocrinology	I. U. M. C.	Drs. R. Powell-R. Schnute
April 5-17, 1970	Anatomical and Clinical Otolaryngology 55th Annual Course	I. U. M. C.	Dr. Brown
April 22, 1970	*Rehabilitation in Respiratory Insufficiency	Marion County General Hospital	Dr. Papplewell
May 6-7, 1970	5th Annual Indiana Multidisciplinary Child Care Conference	Stouffer's Inn	Dr. M. Green
May 20, 1970	Orthopaedics for the General Practitioner	I. U. M. C.	Dr. J. Wray
May 27, 1970	Psychiatry in Everyday Practice	Madison, Indiana	Dr. O. McAtee
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Path-finder
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This series is intended to emphasize the importance of judicious selection and proper interpretation of newer laboratory procedures as applied to differential diagnosis of various diseases. It is edited by Leon L. Blum, M.D., Terre Haute.

This is the first article in a series of six short articles concerning the interference of drugs in biochemical tests. Other articles for subsequent publication will deal with protein and non-protein nitrogen compounds; cholesterol and other lipids; enzymes and hormones; bilirubin and electrolytes; and biochemical changes due to prolonged use of oral contraceptives.

Interference of Drugs in Biochemical Tests: 1. Blood and Urine Glucose

*WEI-PING LOH, M.D.**
Gary

THE increasing use of drugs by the public in the recent decade has created increasing interference of the drugs in biochemical analysis. Often the test results are misleading or erroneous, and require adequate knowledge of the interfering drugs for proper explanation. The purpose of this paper is to present a series of quick references concerning the interference of commonly-used drugs in the commonly performed biochemical tests. The information came from a lecture given in Chicago on September 24, 1969 by F. William Sunderman, Jr., M.D., of the University of Connecticut School of Medicine. The interference in each case has been documented in medical literature.

* Chief pathologist for Gary Methodist Hospital and Lake County Coroner's Office; Associate Professor of Pathology, Chicago Medical School.

Test (method)	Change	Interfering drug involved and comments
Blood glucose	**Increase**	1. **Oral contraceptives** for three months or longer. May produce diabetic curve in glucose tolerance test.
		2. **Dilantin** overdosage. The picture may mimic diabetic coma but does not produce acetonemia and acetonuria.
		3. **Thiazide** diuretic therapy. May produce abnormal glucose tolerance.
		4. **Salicylate** overdosage in children who are not carbohydrate-depleted.

Test (method)	Change	Interfering drug involved and comments
		5. Intravenous **dextran** when copper reduction reaction or toluidine reaction is used for the blood glucose determination. 6. **Nalidixic acid** therapy when copper reduction reaction is used. 7. Others such as **parasympathomimetic amines, corticosteroids, thyroid hormones, sulfonamides** and **ethanol** which have side effects upon glucose metabolism.
	Decrease	1. **Salicylate** overdosage in infants and children with carbohydrate depletion. 2. **Porpropanol** for cardiac arrhythmias and Parkinsonian tremor. 3. **Ascorbic acid** in glucose oxidase reaction. 4. **Fructose** in toluidine reaction.
Urine glucose (copper reduction)	**False positive**	1. **Penicillin,** best described by Whipple and Bloom. 2. **Terramycin,** best described by Lippman. 3. **Tetracycline,** best described by Lippman. 4. **Chloramphenicol,** also described by Lippman. 5. **Streptomycin,** best described by Neuberg. 6. **Nalidixic acid,** best described by Klumpp. 7. **X-ray contrast media,** best described by Lee and Schoen. 8. **Ascorbic acid,** best described by Pigors. 9. **Metaxalone,** best described by Pigors. 10. **Cephalothin,** best described by Pigors. 11. **Probenecid,** best described by Pigors. 12. **Salicylates,** best described by Pigors.
Urine Glucose (oxidase test strip)	**False negative**	1. **Ascorbic acid,** best described by Naganna and by Holmes.

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THE HIMLER REPORT

THE HOUSE of Delegates of the AMA has very wisely referred the Himler Report in its entirety to its state medical associations and county medical societies.

The AMA action also includes the formation of a nine-member Ad Hoc Committee on Long Range Planning and Development to study and make recommendations to a permanent Committee on Long Range Planning and Development.

Committee recommendations and resolutions emanating from the component societies are scheduled for consideration at the AMA Annual Convention this summer.

The Himler Report and its addenda are most important documents. Every member of the AMA should read and understand the logic and the implications. Any actions taken in response to The Report, whether to adopt, to amend, or to disapprove, will be innovative or revolutionary, and also far-reaching.

It is obvious that Dr. Himler's committee did a meticulous and monumental piece of work in summarizing the problems and in the recommendations for action. Dr. Budd's Minority Report adds to the completeness of the discussion.

Most of the rational of The Report is based on facts which cannot be disputed, part of it on surmise which can be questioned. While some of the foundation material, particularly in the sociological field, may or may not be valid, the discussions and recommendations are, by and large, remarkably cogent. Certainly the text outlines the difficulties which are faced by medicine and sets forth a series of recommendations that constitute one solution.

If The Report is properly studied by all concerned and then debated in a judicial manner, free from bias and prejudice, the AMA will accomplish a reorientation and reorganization which will serve the profession, the patient, and the country. The times are strenuous and confused. American medicine has this opportunity to respond to a need by producing a mechanism which will cure our health problems to a maximal degree.

Health Care Delivery Priced Out of Reach

HOSPITAL care rapidly is being priced out of the reach of most Americans. Some change must be made to moderate the cost of construction and the cost of operating hospitals.

The Rural American Medical Program (RAMP), which surveys communities and assists in building doctors' offices, and Americare are suggesting that hospital facilities should be constructed in several different functional levels. The acute care hospital today cares for too many patients who could be well cared for in a less pretentious setup.

RAMP and Americare advocate an areawide medical campus (also designated as a medical shopping center) which will include an acute care facility which would limit its admissions to patients who require sophisticated treatment. Other patients would be admitted to separate buildings devoted to progressive patient care, mental treatment and extended care. Other facilities would include a nursing home and an apartment complex for retired persons.

The daily hospital cost is now up to $100 in many large urban hospitals. The high cost is due, in part, to the fact that many of these institutions are built and operated as teaching centers. However, a non-teaching hospital, which now costs $50 a day or more, shows definite signs of escalating toward the $100 mark. Hospital construction costs are now above $50,000 per bed. Most hospitals find the operating expense amounts to as much as 50% of the

initial construction cost. All this plus the fact that there is too much duplication in a single area of the super-high-cost items such as cobalt bombs, nuclear medicine equipment, open-heart surgery equipment and computers, has produced a national hospital plant which is originally expensive, which is not utilized in an efficient manner and which therefore is even more expensive than it should be.

The principle of not taking care of a patient in a facility which is more sophisticated than is needed is further expounded by the admonition by RAMP that the medical campus concept should not be utilized for the most complicated cases. It is felt that the RAMP-Americare setup would serve some 90% of all illnesses, and that the remainder should be moved to super-specialty facilities elsewhere.

Reorganization is inevitable. Medical care must be available at a cost which is reasonable. Caring for a patient with an ordinary illness in an acute care facility not only wastes lots of money but also rare equipment, rare skills, and rare personnel.

High Quality Medical Care a Luxury

ALL the money in the world will not pay for all the first quality medical care and all the trimmings that the American public will absorb if it is available without limit.

If the above is not true now, it soon will be. Witness the heart transplant. It will some day either be a justifiable procedure or will be replaced by the artificial heart. The cost of either operation if applied to all prospects will be astronomical when calculated for the entire nation. Kidney transplants and the use of the artificial kidney to the fullest extent will create a cost of equally staggering proportion.

The truth is that medical care of the highest quality, even without the trimmings, is a luxury which can be afforded by only the wealthy. As medicine advances, the provision of all its benefits will become more and more costly. It is now, or soon will be, so costly that those people who can pay for their own care will not have enough excess to provide for everyone else.

Some way must be devised to ration medical care so that it will be obtainable in some form by everyone. One way, and probably the most equitable way, would be to divide it up on the basis of who could afford it financially. All persons who are indigent in all categories would, of course, not be included, but would be cared for, as they are now, by relief organizations.

However, for those who provide other necessities for themselves, the principle of arranging a prepaid all-inclusive medical service at a price they could afford would determine a level of medical care that would be satisfactory from a medical viewpoint and also within the personal budget.

Despite the fact that many physicians feel that prepaid panel practice might produce an unsatisfactory type of personal medical care, there are now several such plans which do satisfy the consumers, and at the same time limit the expenditures within an affordable level.

If this type of medical practice is tolerated by the American public and rates as satisfactory, it will be the answer to the high cost dilemma. Most of the people will be able to get the type of medical care they can afford. If it proves to be unsatisfactory on a large scale, then some other arrangement must be made.

Certainly it is reasonable to install some system on a trial basis to see if it is the answer or to see if it suggests another answer.

Guest Editorials

Could It Be This Simple?

I have two sons who attended a fine midwestern college. The teacher-student ratio is excellent; there is much personal contact between students, and the fine faculty and the other ingredients which I believe necessary for a superior education are present. For the most part, the student body represents homes like our own.

So, imagine my surprise when I was talking to one of the boys during Christmas vacation and he came up with the remark, "Most of my friends at school hate their parents."

"Oh," I said, "hate is a big word." And then, after a thoughtful pause, "Do you hate your parents?"

Thankfully, there was no pause in his reply. "No, I don't. I often disagree with you because we are stubborn people. But there is nothing deeper than disagreement."

"Evidently then, in your circle, I am one of the Lord's anointed," I said, "Why am I spared the hating? There must be a reason."

This time, the pause was his. Very deliberately, he replied, "I have no reason to hate you, but I really believe my friends have considerable reason for their feelings."

"What are they?" I asked.

"Principally," he replied, "I think they are from families that were never really interested in them. The parents were busy, intelligent people who have done well. They were always in a separate world from their children! Mostly," he continued, "I believe my friends have been supplied with things, most of them with more than I have had, but never with much authority or love. And the families hardly ever did anything together."

Such talk of authority and love from this boy rang strangely on my ears. Testing him, I said, "Could those things be so important? From your genetics courses, you know

that intelligent people generally beget intelligent people. If, to the blessings of intelligence you add good living surroundings and educational exposure to stimulating teachers, how important do you consider the authority of parents and this palsy-walsy business? Can't a young person with superior mental endowment and a good education make it on his own?"

Quite carefully, he replied, "Yes, he might, but he would be deprived of a lot. I have been away from home long enough now to understand that our fishing and hunting and vacation trips were more than vacations. Maybe I learned most that I was part of a family that cared about me and expected something of me."

This was quite a statement. My boy had grown up, at least in this mature perspective.

I found myself again thinking that much of what we disapprove in the generation following us could only be of our own making. In these days of affluence, certainly we physicians have been almost frantically occupied with our business affairs. But, being so, have we created an alien generation by supplying dollars instead of time, giving automobiles instead of love and substituting things for ourselves. Perhaps, of the two of us, these young people, who can so perplex parents, might well have thought it all out the better.

This is certainly not an original thought, but couldn't it explain some things?—**Wilfred E. Wooldridge, M.D.,** *Journal of the Missouri State Medical Association* **66:297, April, 1969. Reprinted with permission.**

Test Yourself: Are You Hippie or Concerned?

DISSATISFIED people come in two main types—those who act and those who just complain. Progress depends on the active ones.

In the past we've described the two in various ways—Positive and Negative Thinkers, Boosters and Doubting Toms, Workers and Alarmists, and the like.

The agin'ers were not always wrong but they had nothing much to take credit for. Their main use was in seeing that we carried along all that was best of the past as we move ahead. They were unpopular because they slowed the pace of change.

Now we have gone into an age of dissent, with youth leading the way, and the contrast has become much clearer. The hippies are here, defying, ridiculing, cursing just about everything that we do or care for, and offering nothing to replace it.

Here is idle protest in full bloom—uninhibited, purposeless and all-consuming.

Here, for the solid citizen to see as he grouses about City Hall with no intention of becoming politically active himself, is the ultimate condition of those who abandon all sense of personal responsibility for what goes on, and who say to-hell-with-it.

Of course, very few members of chambers of commerce or trade or professional associations will wind up in Hippieland. We care about society. That's why we are organized. But isn't there a little bit of hippie in many of us?

What about the businessman who withdraws from the problems of his community—who tends to pull farther back, in anger and confusion, the worse a problem grows? Crime in the streets is an example.

Sure, these same men belong to the chamber, but that doesn't make them part of the community effort. Hippies join up with kindred souls in communes, too. They gang up to share the shirking.

Better worlds are built by men who come together in working teams, with each willing to do his share. That is how your chamber or association tries to operate.—**Arch N. Booth, Executive Vice President, Chamber of Commerce of the United States, Washington, D.C.**

Editorial Notes . . .

"Marcus Welby, M.D.," with the title role played by Robert Young, is at the top of national television ratings. Reviewers credit the popularity of the show to its successful portrayal of a dedicated, considerate, "human" type of practitioner. He has been mentioned as typifying the ideal family doctor. The American Academy of General Practice cooperates in the production, provides advice and inspiration for the scripts and reviews the dialogue for accuracy.

General Foods has announced that its D-Zerta line of dietary food products will be continued and will be available in grocery stores for diabetics and others with health problems. This is in agreement with Secretary Finch's statement that cyclamates would be approved for incorporation in foods, soft drinks and non-prescription drugs for people whose health depends upon them. Mr. Finch also said that he expected that such diet foods and drinks would, in the future, be classified as drugs and would be consumed on the advice of a physician. General Foods is working on a line of cyclamate-free products which may be available prior to February, 1970.

The International Society for General Semantics is interested in doctor-nurse language-words used in the hospital which affects the thoughts and feelings of patients. The pamphlet "The Language of the Hospital and Its Effects on the Patient," together with a catalog of similar writings on semantics and communication, will be mailed to physicians on request. The address is 540 Powell St., San Francisco, 94108. The society is distinguished by the fact that S. I. Hayakawa is secretary-treasurer of the organization and editor of *ETC.*, the quarterly journal of the society. ◄

Lounge Talk

LLOYD L. HILL, M.D.
Peru

THE duplicity of organized medicine is astounding. While we vehemently object to third party intervention in patient-physician relationships, we hasten to reorient our organization in order to implement such systems. Have we, like expedient politicians, listened to and repeated the lies so often that we have come to believe them ourselves?

Let's not get up tight on semantics. The art of medicine is a most dynamic one calling for constantly changing attitudes. But our great heritage is one based upon *evolution* of new ideas to improve upon methods which are giving us excellent results within the limits of our knowledge at any given moment. The changes being advocated today by social schemers and which are being parroted by far too many of our spokesmen in organized medicine are revolutionary in nature. The fantastic accomplishments of our modern technology have not changed one iota of human nature. It is a simple obvious fact that the ultimate objective in the art of medicine is ONE human (the patient) seeking improvement in his health. Impressive and useful as they may be, group statistics and analyses are merely means by which the individual physician can gauge his services to any given patient. It is utter folly to even attempt to treat masses or groups of individuals without compromising the health of the single patient within the masses. Yet this is the direction we seem to be heading at this time which is certain to lead to disaster unless it is put back on a more sane course.

The rather hollow argument that these revolutionary monstrosities are a reality today and we must get "on the inside" to exert our influence makes very little sense. This merely places our tacit approval upon them and clears the way for the nation's doctors to be the goats when the public finally awakens to the deceitful nature of these quasi-humanitarian systems of medical care. Does not our leadership feel that the type of medical practice which it has advocated until now is the best system available? Organized medicine has supported a pluralistic approach to the practice of medicine, making it adaptable to all levels of social strata —giving charity to those in need and dignity to the self-sufficient. It is only to the imposter that welfare is humiliating. Gratuitous care is not inferior care and it is sincerely appreciated by the truly needy. Unlike caste systems however, there has always been a constant interchange *into and out of* the various economic strata. It is sheer nonsense and viciously cruel to create the illusion that poverty will ever be eliminated. At least we should offer to every citizen (rich and poor alike) the opportunity to remain out of or escape from poverty on his own initiative, but should fate or lassitude put him there, our welfare systems will assure him of the essentials of life. What stupidity it is to abdicate such a system for one that regiments both the doctor and his patient within the narrow confines of a system which utterly ignores the peculiar needs of the individual.

I have no argument with any physician who wants to cooperate, for himself, with these socialist-inspired programs. But organized medicine especially—not to mention our government and insurance industry—is being highly derelict in its duty to defend my right as a private physician to practice in any manner I deem best for administering to the ills of my own patients! Furthermore my patients deserve this same freedom. The political planners have no intention of permitting a free choice in the type of medical care which will be available to our citizens. I would have complete confidence that the warm individualized medical care of traditional medicine would prevail ultimately over the devious schemes of our social planners, were the citizen given a choice. This is precisely the reason why it is so incumbent upon the power-crazed clan of social reformers to eliminate this choice. Organized medicine must develop some courage and perseverance to retain its rightful authority in the field of medical care.

It makes no difference what terminology is applied to the system. The ultimate result is the same—complete control by the power-elite. A popular current method being used is via the insurance industry. By what right does the latter (Blues included) have to establish limits to fees charged by the purveyors of medical care? Yet when group policies are sold to big industry providing complete coverage, this is an inevitable result. Insuring for a "prevailing fee" with the patient paying the difference (if any) would police itself far more equitably for all parties concerned. Peer review systems which will invite only more connivery when they get into full swing would lose any rational reason for existence. Let Mr. Reuther confine his alien ideologies to his own sphere of responsibility if he can sell it to his members and obtain enough physicians to provide their medical care. Unfortunately this pretentious demagogue is being paraded more and more in the official publications of organized medicine as though he were some sort of an authority in medical care.

It is only because these devious schemes are creeping insidiously into ever-widening schisms in organized medicine that we are faced with such things as NON-medically directed "Regional Planning," a politically controlled pharmaceutical industry, governmentally controlled hospital practices and peer review systems. These hideous plans are receiving far too many plaudits in the heirarchy of organized medicine. The plans are

"stepchildren" of organized medicine which our leadership in the past unwisely adopted. We had best return them to their creators and begin to advocate more sane medical policies which retain some identity to the rich heritage of our past. The checks and balances of the free enterprise system guarantee to each citizen his choice to live and do as he desires, provided his choice does not abrogate the same freedom of his neighbor. These strange new methods of "self-gestapoing" are indigenous to alien ideologies. Organized medicine has the responsibility of truly representing only the sentiments of its members, regardless of the designs being made upon society by the megalomaniacs who are hell-bent on controlling it. Let each individual physician decide for himself whether he wants to practice under these socialist-oriented programs. As an all-inclusive system of medical practice, our organization has no business taking a stand, let alone assuming a quasi-leadership in it. The heirarchy of organized medicine needs the mulishness of Walter Reuther (no personal admiration intended!) and the courage of General Anthony McAuliffe, commander of the 101st Airborne Division in December, 1944. A most simple but appropriate reply to these ridiculous intrigants would be that of the courageous general when he replied to the enemy during the "Battle of the Bulge" demanding his surrender. That reply was a loud and clear "Nuts!" ◄

302 N. Duke St.
Peru 46970

Herb's Column

Author Raymond Squires in a recent issue of the national *PTA Magazine* surveyed all TV commercials for several days while recovering from surgery and wrote: "As a nation we are in terrible physical condition. Our dentures are loose, our hearts burn, our stomachs growl protestingly, our heads ache, our feet itch, our dandruff falls in blizzards. And besides, we don't smell very nice."

* * *

A new organization has been started in Ann Arbor, according to Elmer White, executive secretary of the Michigan Press Association. The organization is called "The Society for the Emancipation of the American Male" with a purpose "to restore the American patriarchy and thus return men to their positions as heads of their families." Mr. White reports that the organization already has the support of—a woman's auxiliary!

* * *

"How can we blame the average kid for trying to destroy business," asks Jerry Della Femina in the *Marketing Communications* magazine. He continues: "In school the teacher who never worked at the business of business is telling him that all business is bad. On television he is exposed every night to United States Senators, like Magnuson, Hart, Nelson, Pastore, etc., grilling businessmen like they were common thieves. Their crime: make a profit. Their sentence, to be tongue-lashed and humiliated in public."

* * *

A program of postgraduate medical education, tailored to the needs and desires of physicians, would be desirable and helpful. So say 96% of the Mississippi physicians recently surveyed there in a statewide study. Only 4% said that a PG program is neither necessary nor desirable. Seventy-seven percent said they would favor a combination of on-campus institutes with intensified home study.

* * *

"During the first half of 1968, Americans bought some 40 million fewer cigarettes each day than in 1967," reports the American Cancer Society in its publication 1969 *Cancer Facts and Figures*. The Society estimates that 21 million Americans have quit smoking cigarettes, including some 100,000 physicians—about half of all the physicians who formerly smoked. Grim footnote: Even so, about 59,000 Americans will die of lung cancer this year.

* * *

A Wisconsin physician kept track of every medical journal that arrived on his desk during a one-month period and reports that he had received:

487 pages in medical journals he had specifically subscribed to receive. 1,341 pages in *JAMA* and other organizational publications that he regularly receives as part of medical dues. 2,605 pages in medical journals that "just arrive," unsolicited. 4,433 total pages of medical journals—in just one month.

He says he enjoyed documenting the problem, but admits that he has no solutions to offer.

* * *

The number of schools to which medical school applicants apply has increased steadily from 3.7 for the 1961-62 entering class to 5.0 for 1967-68. Among the 1967-68 applicants who took the MCAT, 97.5% applied to more than one school, according to the Association of American Medical Colleges.—**Submitted on a syndicated basis by Herbert A. Auer, Executive Editor,** *Michigan Medicine*. ◄

The Woman's Auxiliary

REPORTS TO ISMA

The national auxiliary president, Mrs. John M. Chenault, has said that auxiliary members must be "informed and involved" in public affairs, for "the public is becoming increasingly informed about medical affairs."

Hundreds of auxiliary members throughout Indiana are involved in community projects under the broad heading of public affairs, and this kind of activity demands recognition and encouragement.

The AMA Division of Public Affairs has assembled a kit called "One Dozen Days in Public Affairs," designed to guide auxiliaries in this work. It contains information on suggested public affairs projects. These include political and legislative activity (candidate support, support of bond issues, state constitutional conventions) and public education activities (air and water pollution control, health manpower needs, drug abuse, etc.)

What's more, it will suggest a system whereby county auxiliaries can recognize the contributions of individual members in the area of public affairs.

The aims: to encourage more doctors' wives to be more active in public affairs, to find out what they are doing and to let the community know about their activities.

Sylvia Schneider

Doctor, after all we've been through together...

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acne
amebiasis
anthrax
bacillary dysentery
bartonellosis
bronchitis
bronchopulmonary infection
brucellosis
chancroid
diphtheria
endocarditis
genitourinary infections
gonorrhea
granuloma inguinale
listeriosis
lymphogranuloma
mixed bacterial infection
osteomyelitis
otitis
pertussis
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tularemia
typhus fever
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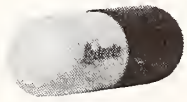

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Precautions: Nonsusceptible organisms may overgrow; treat superinfection appropriately. Tetracycline may form a stable calcium complex in bone-forming tissue and may cause dental staining during tooth development (last half of pregnancy, neonatal period, infancy, early childhood).
Adverse Reactions: *Gastrointestinal*—anorexia, nausea, vomiting, diarrhea, stomatitis, glossitis, enterocolitis, pruritus ani. *Skin*—maculopapular and erythematous rashes; exfoliative dermatitis; photosensitivity; onycholysis, nail discoloration. *Kidney*—dose-related rise in BUN. *Hypersensitivity reactions*—urticaria, angioneurotic edema, anaphylaxis. *Intracranial*—bulging fontanels in young infants. *Teeth*—yellow-brown staining; enamel hypoplasia. *Blood*—anemia, thrombocytopenic purpura, neutropenia, eosinophilia. *Liver*—cholestasis at high dosage. Upon adverse reaction, stop medication and treat appropriately.

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GLEANED FROM THE BRITISH MEDICAL JOURNAL

JACK W. HICKMAN, M.D.
Indianapolis

Should Asymptomatic Bacteriuria be Treated?

Two related articles by Sussman et al.[1,2] deal with the important question of detection and management of asymptomatic bacteriuria in non-pregnant women. This group looked for bacteriuria in over 3,500 women during a period of a year and a half. As always in such studies, proper collection technic was adhered to very closely. A number of studies were obtained on both women with and without significant bacteriuria. The group with bacteriuria was found to have higher diastolic blood pressures, higher serum urea levels, higher erythrocyte sedimentation rates, and a higher incidence of acquired renal abnormalities.

Although antibiotic therapy reduced or cured the bacteriuria, it did not seem to prevent the future development of symptomatic urinary tract infections and it did not have a favorable effect on reinfection rates or course. With these results the authors are forced to conclude that mass screening for asymptomatic bacteriuria in adult non-pregnant females is not a fruitful method of finding early urinary tract infections that are easily treated and therefore reversible before permanent damage ensues.

Long Form or Short Form for Pyelocystitis?

Another troublesome problem in managing urinary tract infections has been the question of how long proper antibiotic therapy should be continued for optimal results. In recent years some authors have argued that antibiotic therapy should be continued for six weeks for proper eradication of a urinary tract infection. Kincaid-Smith and Fairley[3] studied 142 females and four males with urinary tract infections. Furadantin or ampicillin were the main drugs used in this study. The study population was divided in half; one-half received treatment for two weeks and the other half was treated for six weeks. The authors were unable to find any difference in results between the two groups as judged by the presence of infection in the urine one week and six weeks after the termination of therapy. These results probably mean that our unanswered question is still unanswered.

Tetracycline Benefits Stubborn Acne

Despite the use of daily tetracycline therapy for acne vulgaris for over a decade, there have been very few double-blind studies to assess the effectiveness of this treatment, and the results of the few studies that have been done have been conflicting. Lane and Williamson report such a therapy trial in 51 patients.[4] During the tetracycline therapy part of the trial, the dosage was 250 mgm twice daily for three months. Their results clearly showed a beneficial result from the tetracyclines. The authors did state, as do most practicing dermatologists, that this treatment should be used in the moderate to severe case, and not used routinely for the milder case.

* * *

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A once-popular treatment for back pains was to have the seventh son of a seventh son stand or walk on the patient's back.

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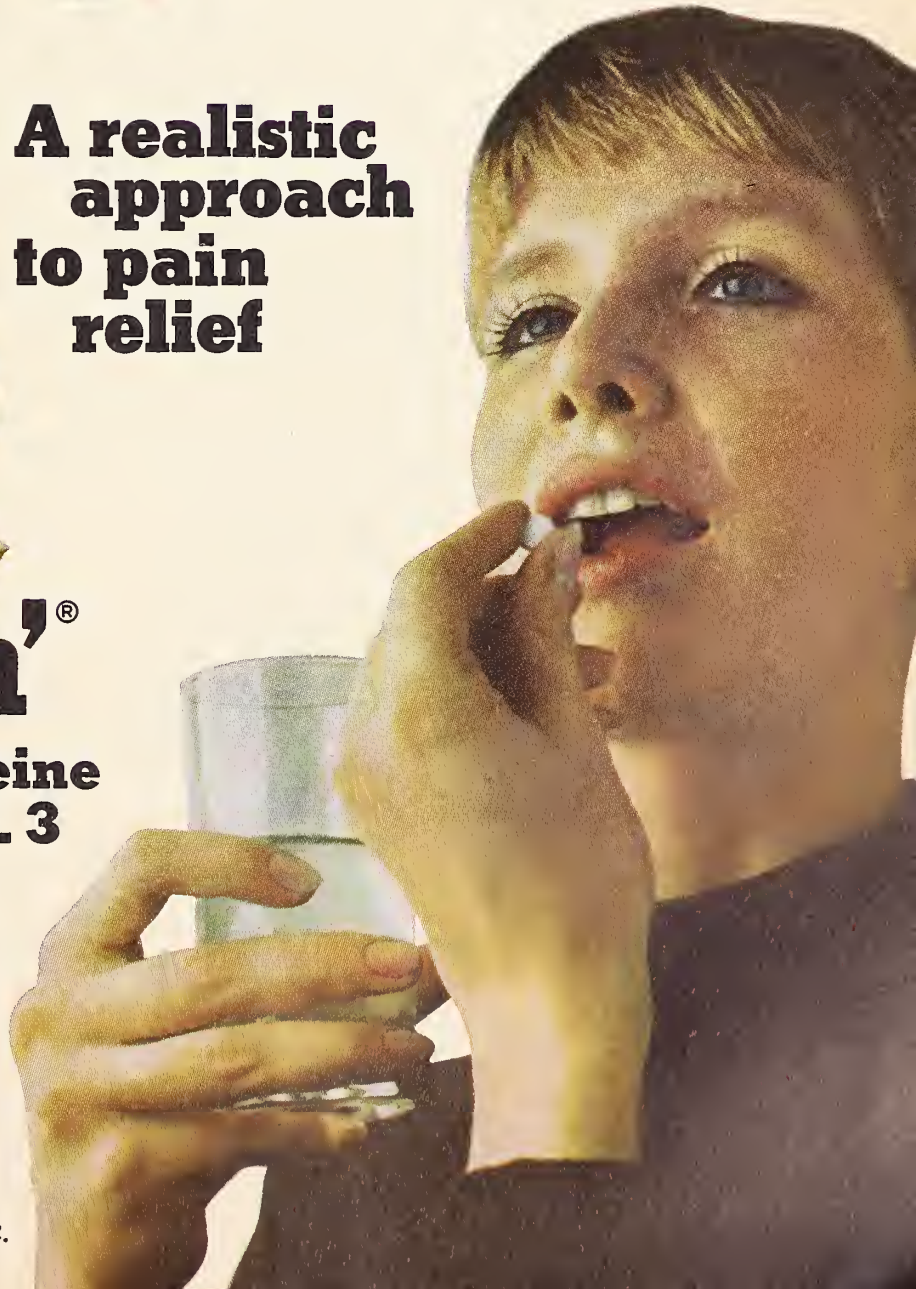

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Precautions: Before prescribing, carefully select patients, avoiding those responsive to routine measures as well as contraindicated patients. Obtain a detailed history and a complete physical and laboratory examination, including a blood count. Patients should not exceed recommended dosage, should be closely supervised and should be warned to discontinue the drug and report immediately if fever, sore throat, or mouth lesions (symptoms of blood dyscrasia); sudden weight gain (water retention); skin reactions; black or tarry stools or other evidence of intestinal hemorrhage occur. Make complete blood counts at weekly intervals during early therapy and at 2-week intervals thereafter. Discontinue the drug immediately and institute countermeasures if the white count changes significantly, granulocytes decrease, or immature forms appear. Use greater care in the elderly and in hypertensives.

Adverse Reactions: The more common are nausea and edema. Swelling of the ankles or face may be minimized by withholding dietary salt, reduction in dosage or use of diuretics. In elderly patients and in those with hypertension the drug should be discontinued with the appearance of edema. The drug has been associated with peptic ulcer and may reactivate a latent peptic ulcer. The patient should be instructed to take doses immediately before or after meals or with milk to minimize gastric upset. Drug rash occasionally occurs. If it does, promptly discontinue the drug. Agranulocytosis, exfoliative derma-

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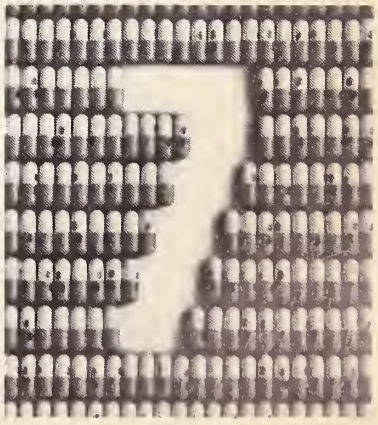

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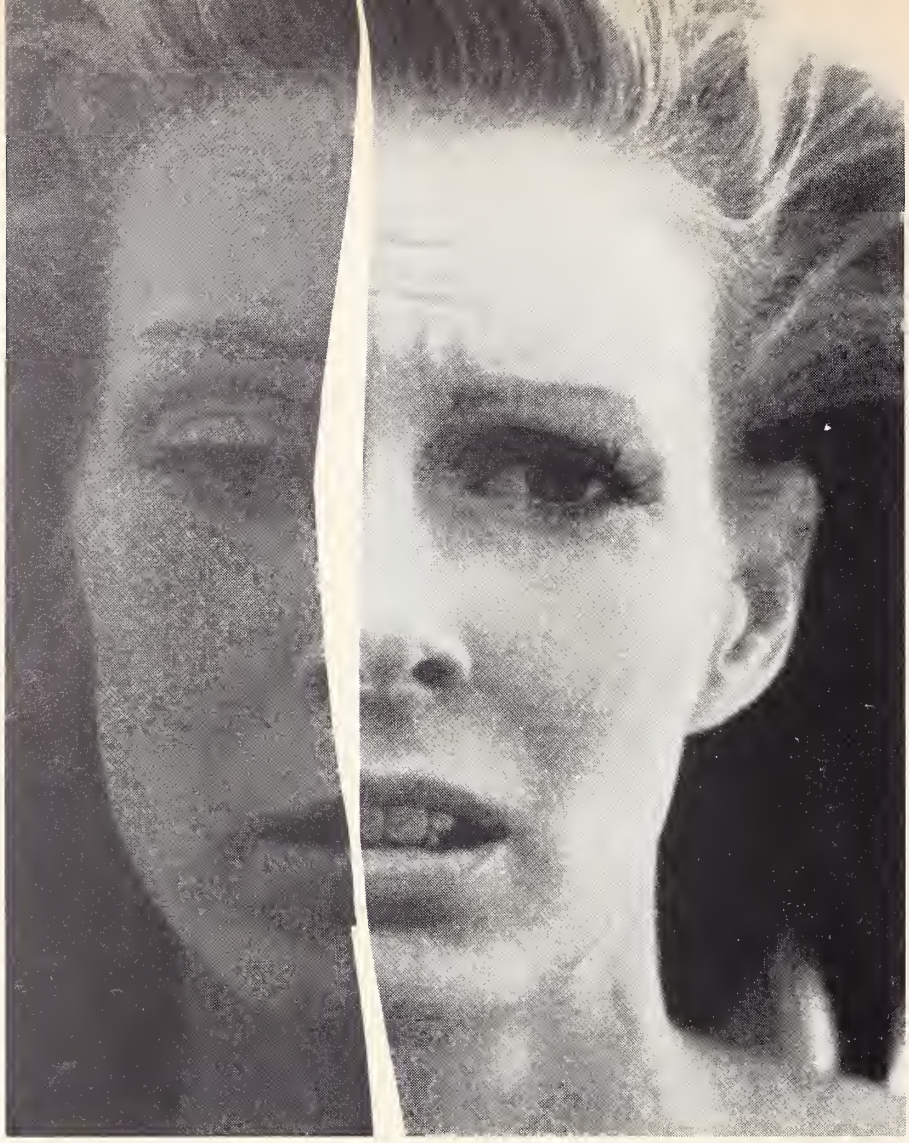

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Precautions: There have been infrequent reports of leukopenia and/or agranulocytosis and convulsive seizures. In epileptic patients, anticonvulsant medication should also be maintained. Pigmentary retinopathy may be avoided by remaining within the recommended limits of dosage. Administer cautiously to patients participating in activities requiring complete mental alertness (e.g., driving). Orthostatic hypotension is more common in females than in males. Do not use epinephrine in treating drug-induced hypotension. Daily doses in excess of 300 mg. should be used only in severe neuropsychiatric conditions.

Adverse Reactions: *Central Nervous System*—Drowsiness, especially with large doses, early in treatment; infrequently, pseudoparkinsonism and other extrapyramidal symptoms; nocturnal confusion, hyperactivity, lethargy, psychotic reactions, restlessness, and headache. *Autonomic Nervous System*—Dryness of mouth, blurred vision, constipation, nausea, vomiting, diarrhea, nasal stuffiness, and pallor. *Endocrine System*—Galactorrhea, breast engorgement, amenorrhea, inhibition of ejaculation, and peripheral edema. *Skin*—Dermatitis and skin eruptions of the urticarial type, photosensitivity. *Cardiovascular System*—Changes in the terminal portion of the electrocardiogram have been observed in some patients receiving the phenothiazine tranquilizers, including Mellaril (thioridazine). While there is no evidence at present that these changes are in any way precursors of any significant disturbance of cardiac rhythm, several sudden and unexpected deaths apparently due to cardiac arrest have occurred in patients previously showing electrocardiographic changes. The use of periodic electrocardiograms has been proposed but would appear to be of questionable value as a predictive device. *Other*—A single case described as parotid swelling.

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Report on Actions of the House of Delegates American Medical Association

23rd Clinical Convention
Nov. 30-Dec. 3, 1969
Denver, Colorado

INDIANA State Medical Association delegates to the American Medical Association's 23rd Clinical Convention in Denver devoted full time to the 99 items of business which were presented to the House of Delegates over the four-day period, November 30 through December 3.

The delegate body accompanied by President Lowell H. Steen, Hammond; President-Elect M. O. Scamahorn, Pittsboro; and Chairman of the Board of Trustees, Peter R. Petrich, Attica, elected as its chairman Dr. Eugene F. Senseny, Fort Wayne.

Just prior to the convention Dr. Steen was appointed to the Committee on Community Health Care of the AMA Council on Medical Services.

Caucusing each day several times, beginning with breakfast business sessions, the delegates were assigned specific reference committees to attend. Reports were made each morning on current status of issues to keep all delegates fully informed.

Participating in the nine hours and 33 minutes of formal sessions, in addition to chairman Senseny, were delegates Frank H. Green, Rushville; Guy A. Owsley, Hartford City; Jack E. Shields, Brownstown; and Don E. Wood, Indianapolis.

Alternate delegates who attended were Maurice E. Glock, Fort Wayne; James A. Harshman, Kokomo; Kenneth O. Neumann, Lafayette; Eugene S. Rifner, Van Buren, and Thomas C. Tyrrell, Calumet City.

Dr. Patrick J. V. Corcoran, Evansville, immediate past president, ISMA, along with Dr. Sprague H. Gardiner, Indianapolis, alternate delegate from the section on Obstetrics and Gynecology and Dr. Lall G. Montgomery, Muncie, delegate from the Section on Pathology and Physiology, also met with the delegates during the session.

Many Indiana physicians and their wives and some former Hoosier doctors had opportunities to meet and exchange notes during the evening in the ISMA hospitality suite which was located in the Hilton Hotel.

The AMA House of Delegates adopted a series of recommendations to provide care for the nation's poor; set in motion a process to make long-range planning and development a permanent program of the association; issued a clearcut statement on marijuana; and voted to discontinue the AMA-ERF's Institute for Biomedical Research as soon as its board of directors deems feasible.

Those actions, among many others, resulted from the House's consideration of 99 items of business: 22 reports from the Board of Trustees; 3 special reports; 1 from the Council on Constitution and Bylaws; 5 from the Council on Medical Education; 2 from the Council on Medical Service; and 66 resolutions (5 of which were memorials).

During its nine hours and 33 minutes of formal sessions, the House also:

Heard an address by President Gerald D. Dorman, M.D.

Voted the AMA Distinguished Service Award for 1970 to Henry L. Bockus, M.D., professor of medicine emeritus at the University of Pennsylvania School of Medicine.

Chose John S. Millis, Ph.D., president of Western Reserve University, Cleveland, Ohio, to receive the 1970 Citation of a Layman for Distinguished Service.

Paid tribute to John H. Talbott, M.D., who has been editor of the *Journal of the American Medical Association* since 1959 and who became editor emeritus on January 1, 1970.

Elected Carroll Witten, M.D., Louisville, Ky., to the Council on Constitution and Bylaws to fill the vacancy created by the death of James M. Kolb, Sr., M.D.

Saw Ward Darley, M.D., Denver, receive the first Distinguished Service Award of the American Board of Family Practice.

Heard reports by the presidents of the American Hospital Association, AMPAC and the Woman's Auxiliary.

And gave a standing ovation to the remarks of Captain James Lovell, command pilot for Apollo 13 and chairman of the President's Commission on Physical Fitness and Sports.

President's Address

At the opening session of the House, President Dorman challenged the AMA to establish or see to the establishment of a workable system of patient care for all the people of the nation; and to strengthen the association itself by making it relevant to all physicians.

Regarding the first of those, the president said "the AMA can serve the best interests of physicians only when we serve those of the patient first. We are banded together to

make ourselves more effective physicians so that we can serve our patients better."

He emphasized that "In the decade ahead" (a decade he titled "The Significant Seventies") "the AMA must become—and prove to the public through visible action that it has become—more patient oriented."

In so doing, he said, medicine must take on the challenges of problems such as the alcoholic, the drug user, the fat man, the smoker and the drunken driver.

Dr. Dorman added that meeting all of the problems calls for a "separate, cabinet-rank department of health, drawing together all health activities of the government under one roof."

Regarding the AMA itself, the president said the association has concentrated on being an organization for the physician in private practice. Now, he added, it must strive to attract physicians who are educators, researchers, administrators and in federal service.

Another segment of the medical profession that must be attracted is the future physician, Dr. Dorman said. The AMA must find ways "to attract medical students, interns, residents and other young physicians." Anticipating objections, he said "We need to face up realistically to the fact that although we don't like the criticism of some of the younger members and would-be members of our profession—and perhaps we don't approve of the leftward lean of some of their politics — these young professionals are nonetheless as much, or more, patient oriented than some of us."

To accomplish the AMA's goals, Dr. Dorman warned, "We may have to alter certain of our cherished traditions. We must be prepared to accept and support totally new ideas, whether we devise them or they are devised by somebody else, providing they work well after adequate trial."

Health Care of the Poor

The House adopted these statements of policy, many parts of which are reaffirmation of existing policy:

"It is a basic right of every citizen to have available to him adequate health care; it is a basic right of every citizen to have a free choice of physician and institution. . .; the medical profession, using all means at its disposal, should endeavor to make good medical care available to each person.

"The medical profession must take the leadership and actively support constructive community efforts to eliminate those conditions that adversely affect health.

"The health problems of the poor are basically community health problems, and. . .programs must be adapted to local needs.

"Health care for the poor should not be disassociated from but rather should be a vital part of, the overall health care system."

The adopted report contained these recommendations:

Increased funding of effective government programs for the health care of the poor and medically indigent; multiple-year funding in selected programs such as neighborhood health centers; governmental and private programs to eliminate unfavorable environmental conditions, particularly in disadvantaged areas; AMA support of and participation in a number of experimental projects to develop and evaluate innovative methods of health care delivery with a variety of provider reimbursement mechanisms.

Increase of physician services in urban slum areas by joint AMA-governmental action for a volunteer physician recruitment program for service in areas of need (a Project USA counterpart of the Volunteer Physicians for Vietnam) ; by support of medical school scholarships provided by state and county medical societies for students from disadvantaged families, in the hope they will return to practice in areas of need; and by permitting part-time practice elsewhere by "full-time" physicians employed by government-funded programs for the poor, provided such practice does not interfere with effective service to the poor community.

Expansion of health careers by increasing recruitment from disadvantaged areas; increased attention by medical schools to all aspects of community medicine; development of educational materials for disadvantaged people in language that reflects their cultural backgrounds and living conditions; emphasis on prenatal and postnatal care and preventive care for infants; wider dissemination of family-planning counseling and supplies for those who want them; cooperation with medical and allied health organizations and student medical associations to improve delivery of health services to the poor.

Improved transportation for poor patients; adequate foods and diets of good nutritional quality for low-income families; enforcement of existing federal and local authority to halt quackery, especially that which exploits the poor; programs to raise the level of mental health services for the poor; and increased participation of minority group physicians in AMA activities.

Planning and Development

The House accepted a report of the Board of Trustees which announced its formation of a Committee on Program Priorities to work closely with its Finance Committee to evaluate present and future utilization of the resources of the AMA.

After considerable reference committee and House floor debate on the report of the Committee on Planning and Development (both the majority and minority reports), the House voted:

(1) To establish an ad hoc Committee on Long Range Planning and

Development. Its membership is nine, appointed as follows: one from the Board of Trustees; five from the House; one from SAMA; and two from the AMA membership at large.

The ad hoc committee will receive the majority and minority reports, all reviews and correspondence on the subject and the transcript of the proceedings of the reference committee that considered both reports. It will study and make recommendations concerning the structuring of and the change to a permanent Committee on Long Range Planning and Development and report those recommendations to the House at the 1970 Annual Convention.

(2) To send the majority and minority reports "to the component state societies for such specific action by their governing bodies as they deem warranted, it being understood that the resolutions so generated and all recommendations made in the reports (majority and minority) will be considered by the appropriate reference committees at the Annual Convention of 1970."

Statement on Marijuana

The House adopted a policy statement on marijuana which includes the following points:

"Cannabis (marijuana) is a dangerous drug and as such is a public health concern. It is a psychoactive substance which can have a marked deleterious effect on individual performance and social productivity. A significant number of exposed persons become chronic users with concomitant medical and interpersonal problems.

"The sale and possession of marijuana should not be legalized. . . .If all controls on marijuana were eliminated, potent preparations would dominate the market, and if the potency were legally controlled, predictably there would be an illicit market for the more powerful forms —leading to more serious medical and social consequences.

"The handling of offenders should be individualized. . . .Where penalties are required the courts should have sufficient discretion to deal flexibly with violators. . . .

"Additional research on marijuana should be encouraged. . . .

"The AMA should continue its educational programs to all segments of the population with respect to the use of marijuana. . . . Physicians, frequently and forcefully, should call attention to the problems of all forms of drug abuse and drug dependence, including those which arise from the use of marijuana."

AMA-ERF Institute for Biomedical Research

On the reluctant recommendation of the AMA-ERF Liaison Committee of the House of Delegates, and after hearing much praise of the work of the Institute for Biomedical Research, the House adopted the following:

"Whereas, your committee recognizes the vast sums of monies that would be involved in the transfer of the present site of the Institute for Biomedical Research to an area adjacent to the University of Chicago; and. . .acknowledges the multimillion dollar cost to AMA for maintenance and operation if such a move were made; and. . .the possibility of obtaining outside funds. . .is unpredictable; and. . .the current cost of maintaining the institute at its present location is constantly rising, with no predictable sources of outside funds being available, and without an increase in dues; therefore be it resolved that the Institute for Biomedical Research be discontinued as soon as the Board of Directors of AMA-ERF deems feasible; and be it further resolved that the Liaison Committee to AMA-ERF commends and recommends that this House of Delegates commend Dr. George Beadle, current director of the institute and the following members: Mr. George R. Collins, Clyde R. Goodheart, M.D., Oscar M. Hechter, Ph.D., Rodolfo Llinas, M.D., Ph.D., Howard A. Schneider, Ph.D., Dan W. Urry, Ph.D., and all other personnel connected with the institute. These people have contributed to medicine in their specific fields of research under the auspices of the AMA."

Private Practice of Medicine

In response to a special report and two resolutions, the House took the following action to support private practice:

"Whereas, the private practice of medicine is still believed to be the best method of serving mankind's medical needs; and. . .there is no specifically designated method in organized medicine for the promotion of private practice; therefore be it resolved that the House of Delegates establish a Committee on Private Practice, which shall consist of nine active members of the association and be constituted as a standing committee of the Council on Medical Service, a council of this House of Delegates."

Functions of the committee are to encourage and promote the private practice of medicine; to develop new methods that will promote private practice throughout medical school, graduate and postgraduate training; help the private practitioner improve his method of providing medical care (including business practices and utilization of allies); publicize the merits of private practice; encourage and help the development of similar committees by state medical associations; and maintain constant liaison with other committees and councils of the AMA to achieve those objectives.

Medicine and Government

The House adopted a report explaining the Comprehensive Health Planning and Regional Medical Programs and their interrelations. It also:

Affirmed is support of the concept of Regional Medical Programs as enacted in PL 89-239 and urged members to help guide Regional

Medical Programs in line with the highest tradition of the private practice of medicine.

Expressed its "firm opposition to on-site auditing in physicians' offices of tax-supported programs by representatives of governmental agencies" and urged that problems between physicians and intermediaries or between physicians and governmental agencies be referred to local peer review committees.

Reaffirmed the AMA's official position that it will help federal agencies in "their quest for physicians who are errant in their participation in providing medical services to medicare and medicaid patients."

Opposed federal physician licensing and encouraged "state medical associations to work with their state legislatures to strengthen state laws, if necessary, to better control the few physicians who would tarnish the image of the whole profession."

Accepted a role of leadership in devising innovative programs for improving the operation of the medicaid program by utilizing existing mechanisms for the financing and delivery of health services within the private sector of the economy. In connection with pilot programs under Title XIX, the House resolved that "the Department of Health, Education and Welfare spell out the basic insurance requirements, setting forth the minimum benefits specified by law, which the states might place to bid."

Urged that the AMA confer with federal agencies concerning feasibility of the government's annual publication of a compendium of federal laws applicable to health and medicine, with the rules and regulations of administrative bodies pertaining to them.

Resolved to continue activities aimed at insuring that "in all matters relating to the health of the public and the practice of medicine, liaison between the appropriate federal officers, departments and agencies is conducted directly with the American Medical Association."

Opposed legislation requiring the filing of information reports by insurance carriers or other third-party payers of payments made to patients, since the reports would not necessarily indicate what, if any, payment was made to physicians.

Opposed, "in conjunction with other professional organizations. . . the Senate Finance Committee amendment which militates against professional corporations."

Adopted a legislative proposal that would require (unless the physician designates otherwise) that the labels of drug containers dispensed to patients carry the established or trade name, quantity and strength of the drug dispensed. However, the House opposed the use of compulsory government prescription forms.

Adopted a report opposing establishment of a School of Health Sciences under the auspices of the Department of Defense, stating that "the granting of professional and academic degrees should remain within the purview of educational institutions and not become a prerogative of the federal government."

Cost of Care

Expressing deep concern about the ever-increasing costs of hospital care services, the House resolved that the "AMA Board of Trustees request the Board of Trustees of the American Hospital Association to join with it in urging hospital boards and hospital medical staffs to develop and institute cost control measures for hospital care services."

The House also resolved that it "reaffirms its endorsement of the tax credit plan and urges the Board of Trustees to give this plan the strongest support and the widest publicity among members of the association and the public." In addition, it urged AMA councils and committees to intensify efforts "to develop other realistic and effective plans of medical care coverage available for all persons in the United States, utilizing multiple methods of financing and free choice of mechanism based on adequate standards of coverage."

At the same time, the House urged all state medical associations to "submit promptly any other realistic proposals which they believe should be developed as AMA proposals for effective, widely available medical care insurance or prepayment plans."

Also in connection with cost, the House recognized that "various news media and agencies of the federal government routinely blame the medical profession for the rising costs of health care; and. . .some physicians and even the publications of the American Medical Association. . .use the erroneous expression health care when they should use the correct term medical care." The House resolved that "the Board of Trustees . . .initiate, promptly, remedial measures to clarify the meaning of the expressions 'medical care' and 'health care' and to assure their correct usage in all official publications of the American Medical Association" and that the executive vice president design activities "to correct the terminology of the lay press and enlighten the understanding of the public."

Strengthening the AMA

In his address, President Dorman made the following recommendation which the House referred to the Council on Constitution and Bylaws for study and possible action:

"I would like to suggest. . .another category of membership. . .to include those members of the State Department, for instance, who are around the world taking care of our consular people; of our people in various countries and capitals of the world; who are not now eligible through membership in county societies to belong to the AMA. I would like to see a membership that is much like the membership of our armed forces, of our Veterans Ad-

ministration or of our Public Health Service. These men look to us for advice and for leadership, and I would like to see us give them a home."

The House also urged state and county medical societies "to take action to make available to interns and residents active membership or its equivalent" and resolved that "the Council on Medical Education and other bodies within the American Medical Association intensify their efforts to initiate additional meetings and encourage continuing dialogue with medical students, preferably in conjunction with local chapters of SAMA; interns and residents in their respective states."

Recommending a continuing study of trends of membership in the AMA, the House resolved that the Board of Trustees "direct a task force to develop a realistic program to correct any cause which may result in a loss of potential physician members, and carry forward an active recruitment effort."

The House directed that the AMA "aggressively pursue close working relationships with the medical specialty societies" and adopted a Board report describing its recently created Commission on Foreign Medical Graduates, consisting of representatives from the AMA, American Hospital Association, Association of American Medical Colleges, Federation of State Medical Boards, Association for Hospital Medical Education, National Medical Association, Advisory Board for Medical Specialties and the Education Council for Foreign Medical Graduates.

A resolution was adopted strongly urging the Council on Medical Education and the specialty boards "to move forward with the acceptance of qualified osteopathic physicians into their training program and specialty board examinations." The House noted that the American Board of Internal Medicine is the sixth specialty board to declare that it will accept for examination graduates of osteopathic schools who have satisfactorily completed the requirements of the board in regard to approved internship, residency and fellowship training.

Additional Actions of the House

At the Denver meeting, the House also:

Approved essentials of an accredited educational program for orthopaedic assistants.

Approved essentials of an accredited educational program for radiologic technologists.

Adopted a report on socioeconomics in the education of the young physician.

Accepted for information a progress report on the establishment of a specialty board in allergy.

Adopted a resolution suggesting that educational opportunity for students, interns and residents not be limited to university hospitals, but "expose these trainees to the merits of practice under a variety of environmental circumstances."

Endorsed Standards VIII and IX of the Governing Body and Management Section of the Revised Standards for Hospital Accreditation.

Adopted guidelines for development of new health occupations.

Resolved that the AMA, state and local medical societies "intensify their support of the private and public agencies in the fulfilling of their responsibilities in promoting environmental health."

Approved a report on professional liability that said "the feasibility of an AMA-sponsored professional liability insurance program is now being considered by the Board of Trustees."

Reaffirmed present policy on therapeutic abortion while rejecting a resolution that urged revision of state laws to permit abortion upon demand. ◄

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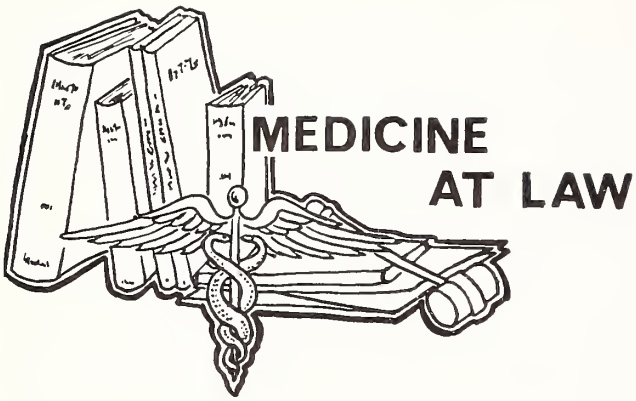

Disability Insurance—"Continuous Confinement" Defined—An insured was entitled to recover payments for total disability through confinement at home after suffering a heart attack, although his confinement was not literally continuous, but interrupted when he left the house for therapeutic reasons and on a few other brief occasions, the Louisiana Supreme Court ruled. This ruling followed the view in the majority of states which only require that there be a substantial compliance under the house confinement clause.

The insured was a farmer and also employed as a school bus driver until he suffered a severe myocardial infarction which required hospitalization for three weeks. After being discharged from the hospital, he was still unable to carry on his former occupations of bus driving and farming. He visited his physician numerous times and returned to the hospital for emergency treatment upon three or four occasions. His condition required that he take seven or eight different medications, including medicine for improving the circulation of blood to the heart, for his blood pressure, and for aid in the event of chest pains.

The insured testified that since his heart attack he could do no work nor engage in any prolonged activity. Most of the time he remained at home, except for an occasional visit to his daughter's house, visits to two nearby neighbors, and to go to the mail box. He was driven by his wife whenever they visited the daughter who lived 35 miles away. On his walks he experienced fatigue or chest pains requiring that he sit down and rest before returning home.

His physician testified to advising the insured to walk around and engage in mild activities if he felt able to do so, and that he should immediately desist if he felt fatigued or suffered chest pains. Although it was probable that these symptoms would occur, the physician further advised him to slowly try to increase his walking and exercise tolerance, since increased activity consistent with the patient's reaction thereto was deemed beneficial in such heart cases. Nothing heavy or strenuous was permitted.

A clause in the insurance contract provided that if the sickness caused continuous total disability and total loss of time, and required continuous confinement within doors and the regular attendance of a licensed physician, the company would pay the stated monthly benefit ($200.00) for so long as the insured was so disabled and confined. "Continuous confinement within doors" was defined to mean that "such sickness shall necessitate whole, total, and continuous confinement by the insured within doors, with an exception for insured's going to the office of a licensed physician during the confinement."

Another clause stated that if the sickness resulted in total disability and loss of time, but did not require continuous confinement within doors, the company would pay the monthly benefits for no more than four months for any one illness regardless of the length of time insured was disabled.

The defendant contended that a strict, literal interpretation should be given the "house confinement" clause so that evidence of insured's walks and brief visits outside the four walls of his home would bar recovery. The court rejected this contention on the grounds that the purpose to be served by such disability insurance and the intention of the insureds when securing it favored a liberal, "substantial compliance" interpretation of the house confinement. Insured's reasonable excursions, here, for exercise and fresh air did not violate that substantial compliance.—*Manuel v. American Income Life Insurance Company*, 223 So.2d 817 (La., June 9, 1969).

Trial Ordered on Discovery Doctrine in Michigan—Conflicting evidence presented an issue of fact as to whether a patient discovered the existence of a doctor's alleged malpractice at a time far enough removed from the allegedly negligent act to prevent the statute of limitations from barring her suit, the Supreme Court of Michigan ruled recently. A summary judgment in favor of the doctor was reversed, and the case was remanded for a trial on the merits.

The doctor had removed the patient's gallbladder in 1949, but the patient suffered distress subsequent to the operation. She continued consulting the doctor for a period of about five years. She then consulted several other physicians over a period of 12 years. The last of these doctors discovered that, in the operation, the patient's cystic duct had not been removed. The duct was removed by this latter doctor in June,

1965. Seven months later, the patient filed suit against the doctor who operated in 1949, alleging negligence resulting in injury and suffering.

The patient testified that the question of her gallbladder surgery arose during consultations with all subsequent physicians. She stated that each of them told her that either her gallbladder or the cystic duct thereto remained within her and should be removed. However, some of these same doctors stated that the patient's gallbladder and/or cystic duct was never discussed. The doctor who took an x-ray film of the patient stated that the cystic duct failed to show on the film.

Under the circumstances, the court ruled that the conflicting nature of the testimony warranted a full trial on the merits.—*Winfrey v. Farhat*, 170 N.W.2d 34 (Mich., Sept. 24, 1969).

Verdict Against Manufacturer of Polio Vaccine Upheld—A jury verdict assessing damages against the manufacturer of an oral polio vaccine in favor of two men who contracted the disease after receiving the vaccine was upheld by a California appellate court.

The court stated that the law of strict liability applied when a product is placed on the market with an injury-causing defect and the manufacturer knows that people will use the item without inspecting it for defects. The court concluded that such a theory would apply to polio vaccine cases.

The court reasoned that if it were proved that the vaccine caused the injury, the vaccine would have to be defective, since there was proof that only a defection vaccine (one containing virulent particles) could cause polio in a recipient. The manufacturer produced expert testimony that it would be impossible to prove such causation.

Along with other evidence, the patients' attending physicians both testified that their patients' disease was vaccine-induced in their patients. The court ruled that it was a legitimate exercise of judicial discretion to allow these two physicians to testify even though they were relatively inexperienced in treating polio cases.

Based upon the foregoing, the court concluded that there was sufficient evidence to support the finding of causation, thus showing that the vaccine was defective. Therefore a verdict for the recipients based upon strict liability was proper.

The court also concluded that the finding of the jury could be supported on the theory of express warranty, arising out of language on the package insert distributed with the vaccine. The insert stated that there were no known contraindications to oral polio vaccines. Since the committee of medical associations conducting the inoculation campaign were held to be non-agents of the manufacturer, their representations were held not binding upon the manufacturer.

Although the insert was expressed in terms of a statement of the Surgeon General's Advisory Committee, it was held to be either the manufacturer's statement of fact or the opinion of the manufacturer as a person with such superior knowledge of the contents as to be held fact.

The element of reliance could be found either on the part of the recipients directly or through the medical committee acting as the agent of the recipients in recruiting the latter during the campaign of inoculation and the administering of the inoculations. In either case it could reasonably be inferred that the insert was read and relied on to the detriment of the ultimate recipient.—*Grinnel v. Pfizer*, 79 Cal. Rptr. 369 (Cal., Sept. 1, 1969).

Discovery Doctrine Applied in Suit for Pregnancy After Sterilization—A Florida appellate court recently decided a case in favor of a patient who sued her doctor for malpractice growing out of the doctor's performance of a bilateral partial salpingectomy. In 1961, the doctor had performed the operation on the patient and had verbally guaranteed that the patient would not thereafter become pregnant. In 1967, the patient bore a child. Thereafter, she filed suit against the doctor.

The court limited its consideration of the case to the question of whether the suit was filed soon enough in light of Florida's statute of limitations. Florida law requires that suits growing out of negligence must be begun within four years of the act complained of and that suits growing out of contracts must be begun within three years after the act complained of.

The court decided that the statute of limitations does not begin to run until there is notice of an invasion of a legal right. In this case, the patient did not discover the failure of the operation until five years after it had been performed, at which time

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she filed her suit. She was, therefore, not barred from recovery by the passage of time.

The court did not decide whether or not the doctor was guilty of malpractice. It ruled only that the patient's suit was brought within the time allowed for its filing.—*Vilord v. Jenkins,* 226 So. 2d 245 (Fla., Aug. 27, 1969).

Physician Liable for Effects of Tranquilizer Injected into Artery—A finding of malpractice against a physician who injected a tranquilizer arterially, and an award of $51,200 to his patient, who suffered gangrene as a result, were upheld by a New Mexico appellate court. However, the physician's cross-claim against the drug company which manufactured the tranquilizer was dismissed.

Before a doctor may be held liable for malpractice, there must be a showing that he departed from recognized standards of medical practice, the court said. Further, that departure must be the proximate cause of the injury of the patient.

The doctor had injected the tranquilizer Sparine into the arm of his patient, who thereafter suffered a major functional impairment of her left arm and hand. Evidence showed that the doctor had injected the drug into his patient's artery, rather than into a vein. There was expert testimony that under no circumstances should the drug Sparine be injected into an artery.

The court further found that the patient had sustained medical bills in the amount of $3,497.27 as a result of the harm caused by the injection. She also suffered a 20% loss of function of her left arm and a 50% loss in her left hand. Her wage-earning disability as a waitress was established at 70%.

The court concluded that the award was reasonably based upon the damages sustained. Finding no partiality or prejudice involved in the award, the court sustained it.—*Schrib v. Seidenberg,* 458 P.2d 825 (N.M., Aug. 22, 1969).

Dentist Not Liable for Reaction to Antitetanus Shot—A dentist who gave a patient an antitetanus shot was not liable when, a week later, the man developed serum sickness, requiring four days in the hospital. The patient consulted the dentist after he stepped on a rake and the handle hit him in the mouth, causing a wound and loosening his teeth. The oral surgeon wired the patient's teeth and then gave him the antitetanus shot.—*Gibbons v. Rabin,* Cir. Ct., Cook Co., Docket No. 64L-18719 (Ill., Sept. 11, 1969). ◄

AMA Judicial Council: Charge Only for Services Performed

The Judicial Council of the AMA has stated a physician should not be paid for services he does not perform. By the same token, he should be paid for services he does perform. E. G. Shelley, M.D., Chairman of the AMA Judicial Council, emphasized this point because some physicians seem to have the impression they may not charge for collecting a specimen from a patient and forwarding the specimen to a laboratory for analysis. A reasonable fee may be charged for this service, Doctor Shelley said.

He added, however, that it is improper for a physician to mark up a charge made by an outside laboratory and pass the *marked up* charge on to the patient. Doctor Shelley cited one bill directed to the Judicial Council's attention for "serology, 7.50; cholesterol, 7.50; alkaline phosphatase, 7.50; complete blood count, 12.00; sedimentation rate, 6.00; glucose, 5.00; urea, 7.50; uric acid, 7.50."

This battery of tests was done for a charge of $6.00 to the physician.

ABSTRACTS, BOOK REVIEWS

WHAT YOU CAN DO ABOUT CANCER

Joseph C. Maroon, M.D., Doubleday & Company, Garden City, New York, first edition, 1969; 12 plates and 22 illustrations; 194 pages; $5.95.

This book was written primarily for laymen. It has eight chapters covering the facts of cancer and the cancers of various organs. The presentations are clear and concise. There are case histories to illustrate the striking difference between the patients who sought early medical advice and those who failed to do so. The question and answer section following each chapter is quite helpful. The photo plates and illustrations are good but can be improved in some areas.

It is a handy and useful book. I should like to recommend this book highly to both medical and non-medical readers.

WEI-PING LOH, M.D.
Gary

PRACTICAL UROLOGY

Chester C. Winter, M.D., C. V. Mosby Co., St. Louis, first edition, 1969; 249 pages with 251 illustrations; $11.00.

This short textbook is perhaps unusual in the following aspects. The material is presented by organ system and pathology in each chapter; sample questions and bibliography of pertinent papers, books and even motion pictures make a handy study guide after each section.

The book is written in conversational style while the ideas are balanced. Reading this book affects me as would a long talk with the author. This is an effective way to present practical material. The author expresses this objective both in the title and then in the preface. A drop of "tincture of editorial opinion," as it were, adds flavor to Dr. Winter's writing. The novice in urology must remain aware of this quality in the book less he confuse clinical opinion with irrefutable, scientific fact. The art of surgery takes the fore here.

Typesetter's errors are in evidence. These, of course, suggest less than optimal proofreading. An example is the following transposition of phrases on page 13: "The results are plotted on a graph. . .and the fifteen minute time intervals marked on the starated by such a graph." This reads as nonsense although we may know the intention. Once, on page 111 the thought is contradictory: "The fact that there is less fat around the kidney in the pediatric age group does not reduce traumatic renal injury, since the highest incidence of damage is between the ages of ten and twenty years." King and Roland, in the AMA essays on "Scientific Writing," stress rewriting to reduce these rhetorical "dyscrasias."

I found the book to be stimulating, informative and provocative to further study. The private practitioner of urology will find its practical worth compared to a comprehensive refresher course, and the senior resident in urology or surgery could use it as a fine study guide. The book lends itself to teaching by the Socratic method and might be utilized as such by the clinical instructor.

Reading pleasure arises from the insight into the mind of an accomplished and experienced teacher of urology.

RODNEY A. MANNION, M.D.
LaPorte

THIN-LAYER CHROMATOGRAPHY

Gyorgy Pataki, Humphrey Science Publishers, Ann Arbor, Mich., second English edition, 1969; numerous tables and massive bibliography; 249 pages; $18.75.

CLINICAL ANALYSIS BY THIN-LAYER CHROMATOGRAPHY TECHNIQUES

Ronald M. Scott, Humphrey Science Publishers, Ann Arbor, Mich., 1969; numerous illustrations and several appendices; 227 pages; $18.75.

Electrophoresis has been around these many years; I did not mind reviewing a volume dealing with abstracts of this topic. When Jackie Stahl sent me two more volumes dealing with this topic in extenso, I was almost nonplussed: what gave? Then, I went to an international symposium on coronary atherosclerosis and lipid metabolism! The assistant editor of the esteemed *JISMA* is positively prescient: the recent breakthroughs in (but, of course) chromatography have given a new dimension to this formerly esoteric topic.

On my return home, I went back to these volumes and re-read them much more respectfully and carefully. In particular, Scott's monograph is relatively clear in outlining the actual proce-

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dures that can—today—make absolute clinical diagnoses where only yesterday the doctors could essay semi-educated guesses! Minuscule samples can be quantitated almost to the ultimate molecule.

Twenty years ago, Hargraves' LE cell discovery was just an intriguing discovery; ditto, the RA factor. Today, these quite routine tests make the practice of medicine that much more certain. Similarly, it takes no great prophet to assert that chromatography will make the positive diagnosis of many "odd" diseases easy: a tiny sample of blood will identify with absolute precision the precise enzyme that is (or isn't) there.

The practicing physician does not have to know all the details of the procedures. He simply *MUST* know that these tests exist; just what they may unearth; the genetic and environmental factors and—finally—just what can and should be done to correct the situation.

And, finally, as I grow older, I recall a line from a famous prayer, "Thank You, oh, Lord, for reminding me that occasionally, I may be wrong and ignorant. . . ."

ARNOLD LIEBERMAN, M.D.
New York, N.Y.

LECTURES ON THE COMPARATIVE PATHOLOGY OF INFLAMMATION: ELIE METCHNIKOFF

Edited by Arther M. Silverstein, Dover Publications, Inc., New York, 1969; 211 pp.; $2.75.

This small volume consists of lectures given by the great Russian biologist, Elie Metchnikoff, at the Pasteur Institute in 1891, and were translated from the French in 1896 by F. A. and E. H. Starling. These classic discussions are the story of the evolution of phagocytosis in the pathology of inflammation from unicellular organisms to higher mammals.

The latter half of the 19th century was one of the most startling eras in scientific medicine; it was marked by the great discoveries of Pasteur, Koch, Lister, Erlich, Darwin, Cohnheim, Virchow, Roentgen, Behring and others. These great medical leaders were ridiculed by George Bernard Shaw, the notorious antagonist of scientific medicine.

There were at that time two schools of thought regarding the pathology of inflammation; one group supported the humoral and the other the cellular mechanism. Metchnikoff engaged in extensive research on the evolution of the inflammatory response. He first observed the reaction of unicellular organisms to injury and foreign substances; then proceeding step by step up the evolutionary scale, to the observation of inflammatory responses in vertebrates. In his studies in embryogenesis he was impressed by the development of the mesoderm and the mobile cells arising from it that would move to a focus of infection or injury and attempt to engulf or digest the attacking agent. Thus he demonstrated the biologic phenomenon of phagocytosis.

The subject matter of the lectures is really phagocytosis in the pathology of inflammation although he recognizes that mechanisms also participate. He described this basic process of leucocytes moving to an affected site and passing from the capillaries by diapedesis to engulf and digest injurious substances or organisms. Metchnikoff also recognized and in 1905 wrote a book on immunity in infectious diseases.

While this work is quite basic scientifically, the lectures are interesting and not dull reading, but some meaning may be lost in translation. Students of biology and pathology especially will find the material most interesting and enlightening. It gives us a broader view of the pathology of inflammation and immunity. This collection of lectures is also an interesting piece of medical history but does not entirely cover the broad field of immunopathology. The introduction by Dr. Silverstein is fitting and clarifying. This book is printed in clear type on good quality nontransparent paper and is bound in a heavy plasticised cover which is flexible and durable.

DAVID A. BICKEL, M.D.
South Bend

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Abstracts From Various Literature, Prepared by AMA

CYTOGENETIC STUDIES IN RATS OF CYCLOHEXYLAMINE, A METABOLITE OF CYCLAMATE

M. S. Legator et al. (Food and Drug Administration, Div. of Nutrition, Washington, D.C.)

Science 165:1139-1140, (Sept. 12), 1969.

Several investigators have found that cyclamate is metabolized to cyclohexylamine in man. The increase in consumption of cyclamates and the realization that metabolic products exist necessitate reexamination of cyclamate safety. Cyclohexylamine was tested in vivo for possible cytogenetic effects. In rats injected with this metabolite, there was a direct relation between dose concentration and percentage of spermatogonial and bone marrow cells showing chromosomal breaks. Single chromatid breaks predominated with infrequent exchange figures.

AZATHIOPRINE FOR CROHN'S DISEASE

B. N. Brooke, D. C. Hoffman, and E. T. Swarbrick (St. George's Hospital, London)

Lancet 2:612-614, (Sept. 20), 1969.

Azathioprine was given to six patients with Crohn's disease in a dosage of 4 mg/kg for ten days and of 2 mg/kg thereafter. All cases had proved refractory to the usual forms of treatment, including surgery. One patient was dying with multiple intestinal fistulae, another was seriously ill for the same reason, two had persistent anal fistulae with fecal incontinence, and two others had prolonged and intractable disease. All have returned to work except one patient with orthopedic complications.

CIRRHOSIS CAUSED BY METHOTREXATE IN TREATMENT OF PSORIASIS

S. A. Muller, G. M. Farrow, and D. L. Martalock (Mayo Clinic, Rochester, Minnesota)

Arch. Derm. 100:523-530, (Nov.), 1969.

A 37-year-old man had postnecrotic cirrhosis after the treatment of psoriasis with methotrexate for five years. Liver biopsy studies were made after the use of the drug was stopped and 16 months later. Five other patients had serious hepatotoxicity documented by liver biopsies. No method of administration of methotrexate could be incriminated as especially predisposing to hepatotoxicity. The clinical signs of serious hepatic damage were usually the first indication of cirrhosis because liver function tests were not a dependable indication. Clinical improvement usually occurred after the use of the drug was stopped, although one patient died of bleeding esophageal varices.

EFFECT OF BILATERAL NEPHRECTOMY ON TRANSFUSION REQUIREMENTS OF PATIENTS UNDERGOING CHRONIC DIALYSIS

C. van Ypersele de Strihou (Cliniques Universitaires St. Pierre, University of Louvain, Louvain, Belgium) and A. Stragier

Lancet 2:705-707, (Oct. 4), 1969.

The amount of blood transfused as packed cells to maintain a hemoglobin level of 9 gm/100 ml was calculated in 51 patients maintained on regular dialysis treatment; 39 patients observed for 186 patient-months were non-nephrectomized, whereas 12 others observed for 103 months had been bilaterally nephrectomized. Monthly packed cell requirements averaged 752 ± 50 ml/patient in the non-nephrectomized group, compared with 1,186 ± 41/patient in the nephrectomized group. Average hemoglobin level and hematocrit and average serum iron concentration were virtually identical in the two series of patients. These data are taken to indicate that severely atrophic kidneys without excretory function still play a significant, albeit limited, role in regulation of erythropoiesis.

STUDIES OF POSSIBLE THERAPEUTIC INTERACTION BETWEEN CYCLAMATE AND WARFARIN

J. S. Holcenberg, M. Bidgood, and R. L. Dixon (School of Medicine, University of Washington, Seattle)

Curr. Ther. Res. 11:577-584, (Sept.), 1969.

Studies with human volunteers demonstrated that neither a regimen of six cans of diet soft drink per day, nor 3 gm of cyclamate per day alters prothrombin times after warfarin treatment when compared to the sugar-sweetened soft drink or sucrose controls. Although displacement of warfarin by cyclamate can be demonstrated in vitro, and potentiation of therapeutic effects can be demonstrated in laboratory animals in vivo, the possible hazards of a clinical interaction of cyclamate and warfarin are minimal.

CHLORINATED HYDROCARBON INSECTICIDES IN ORGANS OF STILLBORN AND BLOOD OF NEWBORN BABIES

A. Curley, M. F. Copeland, and R. D. Kimbrough (4770 Buford Highway, Chamblee, Ga.)

Arch. Environ. Health 19:628-632, (Nov.), 1969.

The chlorinated hydrocarbon insecticide DDT, its metabolites and analogues, *α*-, *B*-, and *V*-BHC, heptachlor epoxide, and dieldrin were determined by gas chromatography in adipose tissue, liver, adrenals, lungs, heart, brain, kidneys, and spleen of ten human infants (eight were stillborn and two died soon after birth). Samples of spinal cord and pancreas from three of the stillborn fetuses were also analyzed. In a separate study, samples of cord blood of 30 normal term babies were analyzed for the same compounds. Wide ranges were observed in the concentrations of the insecticides present in the various tissues and the cord blood, and not all compounds could be detected in each sample. The results obtained from the analysis of the tissues and cord blood fell within the ranges of the concentrations that have been found in various tissues and blood of the general adult population.

EFFECT OF SUCTION ON BLOOD FLOW IN ISCHEMIC LIMBS

C. N. Smyth (University College Hospital, London)

Lancet 2:657-659, (Sept. 27), 1969.

The effect of repeated periods of intermittent suction on limbs has been examined in patients with a long history of peripheral vascular disease but who were not amenable to surgical treatment. Measurement demonstrated that calf blood flow can be increased by this technique, and 24 (60%) of 40 patients claimed subjective benefit and relief of symptoms. ◄

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From *The Journal* 50 Years Ago

During the last eighteen months the writer has been engaged principally in empyema work at Walter Reed General Hospital, Washington, D.C., and at Camp Pike, Ark., and adopted what may be termed a closed method by which 138 cases, forty-five of which were acute, have been treated with a mortality of less than two percent. The chief features of this method are:

1. A single, early, minor operation with trocarcannula, without danger of shock or collapse of the lung.

2. Intermittent removal of secretion and antiseptic treatment given through a small rubber tube with a bulb syringe.

3. Rapid partial sterilization with neutral solution of chlorinated soda (Dakin's solution) followed by complete sterilization with a two percent dilution of liquor formaldehyde in glycerin.

4. Maintenance of negative pressure in the empyemic cavity tending to early obliteration of the empyemic cavity.

5. One dressing which will last several days and no skin irritation or constriction of the chest.

6. Rapid permanent cures with small scars and seldom any chest deformity.

7. A greatly lowered mortality rate.

When fluid is suspected in the pleural cavity, a diagnostic puncture should be made and if fluid is removed in which organisms are present, the operation should be performed immediately . . . . "The Surgical Treatment of Empyema By A Closed Method," Arvine E. Mozingo, M.D., Indianapolis, *JISMA*, February, 1920.

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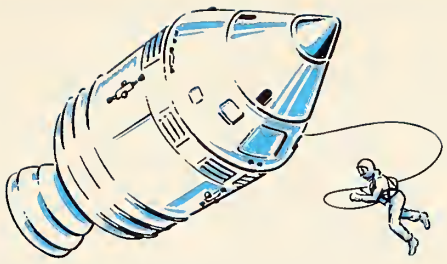

Man in space, now fait accompli, re-emphasizes the importance of Uro-Phosphate therapy. Research into the effect of space travel on the astronaut reveals that weightlessness causes loss of bone calcium. As the bones are required to bear less and less of the weight of the body they lose calcium, increasing the calcium content of the urine. When physical activity is reduced, the acidity of the urine should be adjusted to keep increased calcium in solution . . . . a prophylaxis to prevent kidney or bladder calculi.

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Each tablet contains: METHENAMINE, *300 mg.;* SODIUM ACID PHOSPHATE, *500 mg.*

Uro-Phosphate gives comfort and protection when inactivity causes discomfort in the urinary function. It keeps calcium in solution, preventing calculi; it maintains clear, acid, sterile urine; it encourages complete voiding and lessens frequency when residual urine is present.

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For protection of the inactive patient 1 or 2 tablets every 4 to 6 hours is usually sufficient to keep the urine clear, acid and sterile.

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A clinical supply will be sent to physicians and hospitals on request.

Uro-Phosphate contains sodium acid phosphate, a natural urinary acidifier. This component is fortified with methenamine which is inert until it reaches the acid urinary bladder. In this environment it releases a mild antiseptic keeping the urine sterile.

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One Ambar Extentab before breakfast can help control most patients' appetite for up to 12 hours. Methamphetamine, the appetite suppressant, gently elevates mood and helps overcome dieting frustrations. Phenobarbital, the sedative in Ambar, controls irritability and anxiety...helps maintain a state of mental calm and equanimity. Both work together to ease the tensions that erode the willpower during periods of dieting.

Also available: Ambar #1 Extentabs®—methamphetamine hydrochloride 10 mg., phenobarbital 64.8 mg. (1 gr.) (Warning: may be habit forming).

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Each fluidounce contains: 80 mg. Benadryl® (diphenhydramine hydrochloride), Parke-Davis; 12 grains ammonium chloride; 5 grains sodium citrate; 2 grains chloroform; 1/10 grain menthol; and 5% alcohol. An antitussive and expectorant for control of coughs due to colds or of allergic origin, BENYLIN EXPECTORANT is the leading cough preparation of its kind. BENYLIN EXPECTORANT tends to inhibit cough reflex ...soothes irritated throat membranes. And its not-too-sweet, pleasant raspberry flavor makes BENYLIN EXPECTORANT easy to take.
PRECAUTIONS: Persons who have become drowsy on this or other antihistamine-containing drugs, or whose tolerance is not known, should not drive vehicles or engage in other activities requiring keen response while using this preparation. Hypnotics, sedatives, or tranquilizers if used with BENYLIN EXPECTORANT should be prescribed with caution because of possible additive effect. Diphenhydramine has an atropine-like action which should be considered when prescribing BENYLIN EXPECTORANT.
ADVERSE REACTIONS: Side reactions may affect the nervous, gastrointestinal, and cardiovascular systems. Drowsiness, dizziness, dryness of the mouth, nausea, nervousness, palpitation, and blurring of vision have been reported. Allergic reactions may occur.
PACKAGING: Bottles of 4 oz., 16 oz., and 1 gal.
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Annual Meeting Dates of Professional Medical and Allied Organizations

AMERICAN MEDICAL ASSOCIATION ANNUAL CONVENTION
Date June 21-25, 1970
Place Chicago, Ill.

BONE AND JOINT CLUB
Date April 8, 1970
Place The Athenaeum, Indianapolis

NORTHERN INDIANA PSYCHIATRIC SOCIETY
Date Fourth Wednesday of every month, September through June
Place For location and program, inquire Beatty Memorial Hospital, Westville

INDIANA ROENTGEN SOCIETY, INC.
Date March 1, 1970
Place Holiday Inn East, Indianapolis

INDIANA ACADEMY OF GENERAL PRACTICE
Date April 14-16, 1970
Place Indianapolis

INDIANA DENTAL ASSOCIATION
Date May 13-16, 1970
Place Indianapolis Hilton Hotel, Indianapolis

INDIANA CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS
Date May 6-7, 1970
Place Stouffer's Inn, Indianapolis

INDIANA SOCIETY OF ANESTHESIOLOGISTS
Date May 23, 1970
Place Marott Hotel, Indianapolis

INDIANA ACADEMY OF OPHTHALMOLOGY AND OTOLARYNGOLOGY
Date May 5-7, 1970
Place Morris Inn, South Bend

INDIANA STATE MEDICAL ASSOCIATION CONVENTION
Date October 12-15, 1970
Place South Bend

INDIANA PUBLIC HEALTH ASSN., INC. & INDIANA TUBERCULOSIS ASSN. JOINT MEETING
Date April 21-23, 1970
Place Stouffer's Indianapolis Inn

AMERICAN COLLEGE OF SURGEONS, INDIANA CHAPTER
Date April 17-18, 1970
Place Indiana State University, Terre Haute

INDIANA ASSOCIATION OF PATHOLOGISTS
Date December 5, 1970
Place Indianapolis Motor Speedway Motel, Indianapolis

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Indiana Physicans to Receive Increased Blue Cross and Blue Shield Benefits

(One of a series prepared by Blue Cross and Blue Shield)

An improved program of Blue Cross and Blue Shield benefits will be made available to all Indiana physicians in February, which will become effective April 1, 1970. This updated program has been approved by the Board of Trustees of the Indiana State Medical Association to give physicians and their families the advantage of coverage that is now available—and needed.

The most important change in this new coverage is the addition of a Major Medical program to basic coverage. It includes a $100.00 deductible, 80%-20% co-insurance, a $10,000.00 benefit maximum, and provides for coverage of charges for the following services:

—Physician services.

—Hospital expenses, including bed and board and general nursing services, and ancillary services.

—Expenses at home, including professional ambulance service used locally to or from the hospital; services of a qualified physiotherapist; rental of an iron lung.

—Private duty nursing services as follows:

In a hospital, services of a registered professional nurse or registered practical nurse. Other than in a hospital, services of a registered professional nurse or of a Visiting Nurses' Association.

—Medicines and aids, including orthopedic braces, crutches and prosthetic appliances such as artificial limbs and eyes. Also includes drugs and medicines requiring written prescriptions for use outside the hospital.

The new program also includes the following additions to and changes in the present program:

—A new supplemental Blue Cross and Blue Shield accident benefit coverage.

—Pregnancy eligibility is changed from 270 days to the date of conception.

—In-hospital medical care coverage is increased to 365 days, with increased daily allowances.

—Diagnostic service benefits are increased from $75.00 to $100.00 per member.

—A new Blue Shield consultation benefit is added that provides payment for one bedside consultation during each period of continuous hospitalization.

—A new Blue Shield intensive care benefit that provides payment in cases of such critical nature that life is endangered.

—A policy change that allows widows and eligible dependents to remain in the Indiana State Medical Association account until age 65 or until they become otherwise ineligible as a dependent.

A more complete description of the entire benefit program will be made available to all physicians in the near future. It will include a description of past benefits that will not be changed, as well as the new and changed benefits summarized in this article.

Any physician interested in obtaining coverage under this new program who does not receive the material described above by March 1, 1970 should contact the Professional Accounts Section.

W. C. Huddlestone.
Public Relations

Your Heart Association can help you help your patients

Your patients and their families might have questions about the heart and blood vessel diseases. Your Heart Association has prepared a variety of pamphlets to assist you in answering their questions in simple non-technical language.

Produced under the guidance of leading cardiovascular specialists, these pamphlets deal with such subjects as heart attack, stroke, hypertension, rheumatic fever, congestive failure, inborn heart defects, varicose veins and other disorders. There are also pamphlets advising on risk factors related to heart attack, including persuasive arguments against cigarette smoking, and a fat-controlled, low-cholesterol diet plan for the general public.

Booklets on therapeutic sodium-restricted or cholesterol-lowering diets are also available on a physician's prescription only.

Ask your local Heart Association for a catalogue listing all these free materials and order a supply.

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INDIANA STATE BOARD OF HEALTH

MONTHLY REPORT—December, 1969

Disease	Dec. 1969	Nov. 1969	Oct. 1969	Dec. 1968	Dec. 1967
Animal Bites	350	626	890	350	400
Chickenpox	302	252	191	775	505
Conjunctivitis	56	74	86	77	59
Diphtheria	0	0	0	0	0
Dysentery, Unspecified	6	26	4	58	124
Gonorrhea	824	637	739	466	461
Impetigo	91	169	285	102	120
Infectious Hepatitis	79	62	70	45	43
Infectious Mononucleosis	71	84	89	64	89
Influenza	1546	1076	870	57136	2944
Measles					
Rubeola	23	8	3	33	35
Rubella	81	67	75	79	27
Meningitis, Meningococcal	5	3	6	4	1
Meningitis, Other	9	1	7	7	1
Mumps	238	206	127	364	337
Pertussis (whooping cough)	2	6	7	6	7
Pneumonia	440	278	230	553	204
Poliomyelitis	0	0	0	1	0
Streptococcal Infections	582	556	564	642	692
Syphilis					
Primary & Secondary	44	48	38	21	28
All Other Syphilis	108	94	97	78	106
Tinea Capitis	1	2	16	14	8
Tuberculosis (Active)	47	59	70	89	88

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Complete facilities for evaluation and intensive treatment of psychiatric patients, including individual psychotherapy, group therapy, psychodrama, electro-convulsive therapy, Indoklon convulsive therapy, drugs, social service work with families, family therapy, and an extensive and well organized activities program, including occupational therapy, art therapy, music therapy, athletic activities and games, recreational activities and outings. The treatment program of each patient is carefully supervised in order that the therapeutic needs of each patient may be realized.

High school facilities for a limited number of appropriate patients are now available on grounds. The School Program is fully integrated into the hospital treatment program and is accredited through the Asheville School System.

Complete modern facilities with 85 acres of landscaped and wooded grounds in the City of Asheville.

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or

Charles W. Neville, Jr., M.D.

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GOVERNOR WHITCOMB APPOINTS PHYSICIANS TO MENTAL HEALTH PANELS

Governor Edgar D. Whitcomb has commissioned several Indiana physicians to various Mental Health advisory committees.

Those appointed, their residences and predecessors are:

Advisory Council for Mental Health:

Dr. Edward Young, La Porte, succeeding Dr. Miles Barton, Indianapolis.

Dr. John I. Nurnberger, Indianapolis, succeeding Dr. Grant E. Metcalfe, South Bend.

Dr. John H. Wilms, West Lafayette, succeeding Dr. Alex T. Ross, Indianapolis.

Advisory Committee of LaRue D. Carter Memorial Hospital: Dr. John H. Greist, Indianapolis, reappointment.

Advisory Committee of Fort Wayne State Hospital and Training Center:

Dr. Carter Dunstone, Fort Wayne, reappointment.

Advisory Committee to Central State Hospital:

Dr. Thomas E. Lunsford, succeeding Dr. Lester Bibler, both of Indianapolis.

Advisory Board on Alcoholism:

Dr. Edgar Stuntz, West Lafayette, succeeding Dr. Louis W. Nie, Indianapolis.

Dr. Charles Rushmore, succeeding Dr. Ivan F. Bennett, both of Indianapolis.

Advisory Committee of Logansport State Hospital:

Dr. Dean K. Stinson, Rochester, reappointment.

Advisory Board to Division of Child Mental Health:

Dr. Edward C. Shipley, Dr. Morris Green, both of Indianapolis, reappointments.

Advisory Committee for Evansville State Hospital:

Dr. George W. Willison, succeeding Dr. Weston Heinrich, both of Evansville.

Advisory Committee to Madison State Hospital:

Dr. Kenneth E. Bobb, Seymour, succeeding Dr. Robert P. Acher, Greensburg.

Dr. Harry R. Baxter, Seymour, succeeding Mrs. Emmett Philps, Martinsville.

Advisory Board to the Division on Mental Retardation:

Dr. Arthur L. Drew, Indianapolis, reappointment.

Dr. L. D. Wojcik, Marion, succeeding Dr. Irving Rosenbaum, Indianapolis.

Dr. Peter Mitchell, Muncie, succeeding Dr. Newell C. Kophart, West Lafayette.

Advisory Committee of Northern Indiana Children's Hospital:

Dr. James Farner, succeeding Dr. H. D. Pyle, both of South Bend.

Advisory Committee to Richmond State Hospital:

Dr. Warren Bergwall, Muncie, succeeding Dr. George Porter, Richmond.

Advisory Committee of New Castle State Hospital:

Dr. Richard E. Bowen, Fountaintown, succeeding Dr. Walter Kennedy, New Castle.

Advisory Committee to Dr. Norman M. Beatty Memorial Hospital:

Dr. Edward Mininger, Elkhart, succeeding Dr. E. S. Jones, Hammond.

Dr. Barbara Backer, LaPorte, succeeding the late Mrs. Claude Wickard, Camden.

Advisory Board for the Evansville State Psychiatric Treatment Center for Children:

Dr. Albert J. Crevello, succeeding Dr. H. Jerome Rietman, both of Evansville.

Dr. Eugene W. Austin, succeeding Dr. Joseph Coleman, both of Evansville.

Attends Meeting

Dr. W. F. Ricchetti, West Lafayette, recently attended a meeting of the American Society of Clinical Scientists in Washington, D.C. Dr. Ricchetti is associate director of St. Elizabeth Hospital at Lafayette.

NAACP Forum

Dr. Frank Lloyd, chief of staff at Methodist Hospital, Indianapolis, conducted discussions recently at a NAACP forum at the Holy Trinity Episcopal Church at Peru. **Dr. Lloyd Hill of Peru** was forum chairman.

Continued

Positions available July 1, 1970 in fully approved Psychiatric Residency, also in Child Psychiatry; affiliated with university and mental health clinics in communities. Excellent supervision offered in a broad program with controlled number of patients in therapy. Also extensive training programs in other disciplines in same hospital, about fifty miles from downtown Los Angeles and about three miles from ocean beaches. Applicants who are foreign medical school graduates must have unrestricted license to practice in California. All others must be eligible for examination for California Licensure. **Write: Norman C. Mace, M.D.,** Camarillo State Hospital, Camarillo, California 93010.

News from Indiana Chapter, American College of Surgeons

The Indiana Chapter of the American College of Surgeons is conducting a prize contest for scientific articles written by surgical residents of Indiana hospitals.

The best article on a surgical subject will receive the Gatch Award; the best paper on trauma the Ensminger Award; and the best article in a surgical specialty the McCaskey Award. Each award consists of an engraved plaque and one hundred dollars.

The winning articles will be eligible for consideration for publication in *The Journal*. The annual meeting of the chapter will be held at Rose Polytechnic Institute, Terre Haute, on April 16, 17 and 18.

Resident Awarded Scholarship

John W. Brown, R.R.#1, Gosport, a member of the senior class at Indiana University School of Medicine, has been awarded a $1000 scholarship for the present school year. The scholarship was made available by Pfizer Laboratories. Pfizer provides a similar scholarship at each of the 99 medical schools in the United States.

John Shaw Billings History of Medicine Society March Meetings

Dr. Michael Lapp, Indianapolis, will be the principal speaker at the March 11 meeting of the John Shaw Billings History of Medicine Society. His topic will be "Annual Meeting of American Association for the History of Medicine—Baltimore, May, 1969." Each monthly meeting is preceded by a social hour and dinner on the mezzanine of the Student Union Building, I.U. Medical Center, Indianapolis, beginning at 6:30 p.m.

The special medical student lecture next month is set for March 4, during Dean's Hours. Speaker for this meeting will be Dr. Milton Helpern, Professor and Chairman of the Department of Forensic Medicine, New York School of Medicine and Chief Medical Examiner of the City of New York. Dr. Helpern will speak on "Forensic Medicine, Past, Present and Future."

Dr. Bowen Speaks

Dr. Otis R. Bowen, Bremen, spoke twice recently in Lake County on problems of Indiana state government. He spoke before the Hobart Rotary Club and the Young Republicans at Indiana University Northwest.

Diabetes Symposium

Three South Bend physicians participated in a Symposium on Problems in the Care of Diabetes Mellitus at South Bend recently. Speakers included **Drs. Donald T. Olson, D. Logan Dunlap and G. L. Plain.**

Kiwanis Speaker

Dr. William Sholty, Lafayette, spoke on the work of the worldwide "Care Medico" organization and his experiences with it in Honduras at a recent meeting of the Lafayette Kiwanis Club.

Dr. Cochran Named

Dr. Harry A. Cochran, Jr., Fort Wayne, has been named president of Medical Information Service Inc., a subsidiary of Lincoln National Corp. The company will obtain underwriting information about persons making application for life and health insurance.

New Educational Filmstrip Designed Especially for Teen-agers

The National Dairy Council has a new educational filmstrip "Your Food—Chance or Choice?" which is designed especially for teen-agers with vivid action, rapid pace, rock music, and disk jockey-type narrating. For information write the Council at 111 N. Canal St., Chicago 60606.

Mr. Kiszla Promoted

Mr. Henry W. Kiszla of Indianapolis has been promoted to Assistant Vice President, Professional Relations, for Indiana Blue Shield. Mr. Kiszla will be the principal assistant to Vice President Herbert P. Dixon.

New Movie Film Available On Long-term Family Planning

A movie film on advanced family planning, as elaborated by the Family Planning Centers of Greater Los Angeles, has been released.

Julius Schmid, Inc. is distributing the film as a public service. It is in color and runs for 23½ minutes. Write Julius Schmid, Inc., 423 W. 55th St., New York City, 10019.

Dr. Leinbach Studies

Dr. Earl Leinbach, Hamlet, recently took special courses at the Krannert Institute of Cardiology in Indianapolis, preparing for the expansion of new service equipment at Starke Memorial Hospital.

Dr. Elliott Elected

Dr. Paul W. Elliott, Lafayette, has been elected to serve a two-year term as a professional member of the board of directors of the Tippecanoe County Unit of the American Cancer Society.

Dr. Miller Speaks

Dr. John D. Miller, Indianapolis, was featured speaker at the annual meeting of the Kosciusko County Tuberculosis Association recently at North Webster. Dr. Miller is co-director of the pulmonary disease service at Marion County General Hospital.

Dr. Ringer Addresses Group

Dr. William A. Ringer, Williamsport, showed slides of the cardiac equipment to be used at Community Hospital in Attica recently at a meeting of Psi Iota Xi.

County Medical Society Appoints New Executive Secretary

Arthur P. Tiernan, executive secretary of the Vanderburgh County Medical Society since 1947, has announced his retirement, effective in full on July 1. He will work with the society on an advisory capacity from January 1 of this year until July.

Mrs. Carole Rust, formerly an administrative assistant to the Health Planning Council of Southwestern Indiana, is now executive secretary. Mrs. Rust is legislative chairman for the Indiana Public Health Association, and is a member of the ISMA Committee on Health Care.

Speaks at Meeting

Dr. Charles Wunsch, Indianapolis internist and cardiologist, spoke recently at a combined meeting of the Fifth District Chapter of the Indiana Academy of General Practice and the Terre Haute Academy of Medicine. His topic was "Aggressive Treatment of Coronary Heart Disease."

Dr. Calhoon Honored

Dr. John P. Calhoon, Indianapolis, received a special certificate recently from the American Cancer Society at that group's annual awards dinner. Dr. Calhoon is Professional Education Chairman of the Hendricks County unit.

Dr. Hanneken Gives Talk

Dr. Vincent J. Hanneken, Wabash, spoke at the Wabash County March of Dimes Kick-Off Dinner recently. Dr. Hanneken is medical advisor to the group.

Dr. Waitt Speaks

Dr. Paul Waitt, Noblesville, spoke to more than 100 persons recently at the Sheridan Business and Professional Women's Club annual smorgasboard. Dr. Waitt spoke on his experiences as a volunteer physician in Viet Nam.

Blue Shield Enrollment Grows With Each Succeeding Year

Blue Shield continues to grow. The 72 plans in the U.S. and Puerto Rico have a total enrollment of 61,818,426, up by almost a million and a half during the first half of '69. Blue Shield also serves some 14.5 million persons under Medicare and Medicaid. 31.44% of the population of the U.S. is covered by Blue Shield.

Dr. Green Appointed

Dr. Frank H. Green, Rushville, who is serving as an ISMA delegate to the American Medical Association, was one of nine members of the Association appointed to a Committee on Private Practice. This is a new committee created by action of the House of Delegates in Denver in December. It will function within the framework of the Council on Medical Service. The committee, constituted as a standing committee of the council, will function in the following ways: to encourage and promote the private practice of medicine and to develop new methods to promote the private practice of medicine throughout medical school, graduate, and postgraduate training.

Mrs. Young New President

Mrs. Don Young, medical assistant in the office of Dr. Lowell I. Thomas, Indianapolis, has been elected president of the American Association of Medical Assistants.

Gary Physicians Honored

Four Gary physicians were honored recently by the Gary Methodist Hospital for each having served 41 years on the medical staff. The physicians were: **Drs. R. N. Bills, H. M. English, Joseph Goldstone and P. J. Rosenbloom.**

Surgeon Speaks

Dr. John L. Glover, Indianapolis, presented a program on "Changing Patterns of Hospital Infections" recently for Muncie physicians at Ball Memorial Hospital.

Dr. Dyken is Chief Speaker

Dr. Mark Dyken, Indianapolis, spoke on patient care recently before a meeting of the Indiana Chapter of the National Multiple Sclerosis Society. Dr. Dyken is director of the multiple sclerosis clinic in Indianapolis. Chief consultant at the meeting was **Dr. Alexander T. Ross,** chairman of the medical board of the society.

Speaks at Services

Dr. Thomas Walker, Brownsburg, was guest speaker recently at two services at Calvary Baptist Church in Plainfield. Dr. Walker is an ordained Baptist minister and former missionary.

New Pamphlet Urges Measures Against Hazards of Cigarettes

The banning of cyclamates and the tolerance of cigarettes calls attention to inconsistency but does not help the cigarette problem very much.

The latest Public Affairs Pamphlet "Cigarettes—America's No. 1 Public Health Problem" gives a concise review of the statistics. The pamphlet (No. 439) may be obtained for 25 cents by writing to Public Affairs Pamphlets, 381 Park Avenue South, New York City, 10016. Special rates for quantities.

Miles Laboratories Acquires Berkeley Medical Instruments (BMI)

Miles Laboratories of Elkhart announces the purchase of Berkeley Medical Instruments (BMI). BMI manufactures instrumented blood chemistry analysis systems. These will be marketed through the Ames Company, a Miles division. The system is suitable for use in the physician's office.

Continued

. . . and just what was your former employment before you became a nurse?

Medical Foundation Organized

Dr. Wei-Ping Loh, Gary, has organized a World Postgraduate Medical Foundation for promotion of continuing education in medicine through international travel. The foundation will help to arrange better medical programs for the Orient, South American, African and other tours. When well established, the foundation will also help to bring physicians from foreign countries to the United States for visits, exchange of experiences or additional training.

Dr. Dukes is Speaker

Dr. Betty Dukes, Dugger, was guest speaker recently at the Workshop for Nurses and Nurses-Aides at the Putnam County Hospital. Dr. Dukes spoke on her several accomplishments in the field of mental health in Indiana.

Attend Course

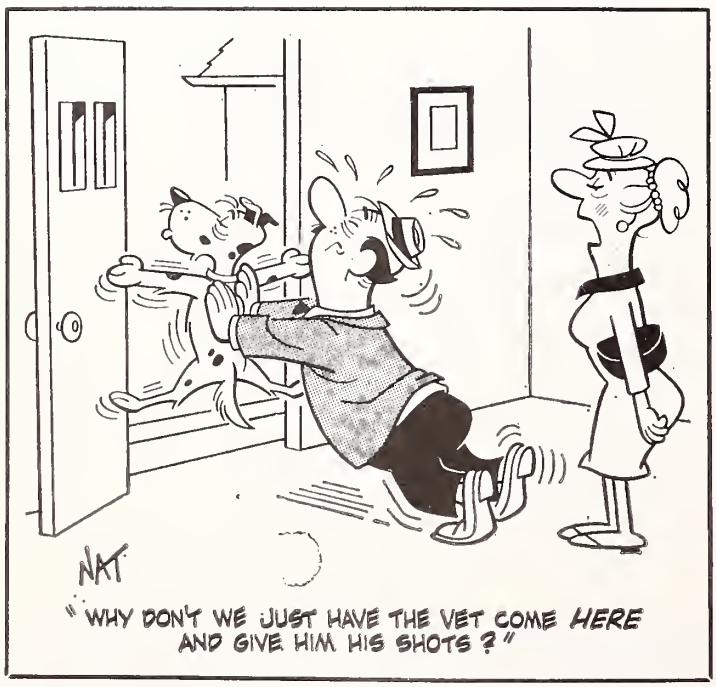
Drs. Robert L. Meissel, Terre Haute, and **Carl B. Howland, Crawfordsville,** recently attended a special one-day course on blood diseases of children offered by the I.U. School of Medicine at Indianapolis. The course reviewed diagnosis and treatment technics which have been developed recently for anemia, leukemia and other blood diseases of children.

On Seminar

Dr. Russell S. Henry, Indianapolis, spoke on "Emphysema" at a recent seminar in New Albany. District No. 14 of the Indiana State Nurses' Association along with the Indiana Tuberculosis and Respiratory Disease Association conducted the seminar on respiratory disease.

Dr. Schwarz Returns

Dr. Anton J. Schwarz, at one time senior virologist and head of virus research for Pitman Moore, and more recently with Dow Chemical Headquarters at Midland, Michigan, will return to Indianapolis as director of Dow Chemical Company's Biological Laboratories at Zionsville. His best known research contribution is the Schwarz-strain one-shot vaccine for common measles.



Dr. Rohn Speaks

Dr. Robert J. Rohn, Indianapolis, was the principal speaker at the state convention of the Phi Beta Psi Sorority recently in Indianapolis.

Drug Program

Dr. Gabriel Rosenberg, Indianapolis, director of Pediatric Medical Education at Methodist Hospital, spoke on the use and misuse of dangerous drugs recently at a program sponsored by the Belzer Junior High School at Lawrence.

Today's Health Guide Lists Special Offer to Medical Societies

Today's Health Guide, the AMA comprehensive book on family health problems, has sold over 469,000 copies. The newest revision came out in May, 1968, and has already had a sales figure of 65,905. A special offer to medical societies is now in force. In orders of 11 copies or more, the price is $1.25.

"Visual Factors in Automobile Driving" Now Offered in Reprint Form

Physicians who are concerned with the determination in their patients of driving skills as related to visual impairment are offered reprints, without charge, of the article entitled "Visual Factors in Automobile Driving, and Provisional Standards."

This article, originally published in *Archives of Ophthalmology,* presents a guide to subdividing drivers as to degree of responsibility and risk. It also gives standards to cover the determination of central visual acuity, field of vision, color vision, visual function affecting night driving, etc.

Write the AMA Committee on Medical Aspects of Automotive Safety, 535 N. Dearborn, Chicago 60610.

Medical Assistants Association Approves Curriculum of Five Colleges

The American Association of Medical Assistants has approved five colleges for a two-year curriculum in medical assisting. Other colleges are being visited to determine their fitness for teaching the recommended subjects. For further information write Mr. Dene Murray, AAMA, 200 E. Ohio St., Chicago 60611.

Speaker at Meeting

Speaker at a recent Women's Symposium on Birth Defects at Gary was **Dr. Lucien A. Lewis,** chairman of the Lake County Medical Advisory Board to the Lake County chapter of the National Foundation—March of Dimes.

Dr. Longstaff Speaks

Dr. John P. Longstaff, Evansville, conducted a question and answer session at a recent meeting of the Eat Less TOPS Club of Evansville.

Dr. Rice Elected

Dr. Raymond M. Rice, Indianapolis, has been elected vice-chairman of the board of directors of Community Hospital of Indianapolis. ◄

FUTURE MEETINGS, SEMINARS, COURSES

Fifth Annual Indiana Child Care Conference in May

The Fifth Annual Indiana Multidisciplinary Child Care Conference sponsored by the Indiana University Department of Pediatrics will be held at Stouffer's Indianapolis Inn on May 6 and 7. Speakers and their subjects are Victor Hackney, M.D., Professor and Chairman, Department of Dermatology, Indiana University Medical Center and Arthur Norins, M.D., Professor of Dermatology, Head of the Section on Pediatric Dermatology, Indiana University Medical Center—PEDIATRIC DERMATOLOGY; Lawrence Pickett, M.D., Professor of Surgery and Pediatrics, Yale University School of Medicine, New Haven, Connecticut—PEDIATRIC SURGERY; A. L. Drew, M.D., Professor of Neurology and Head of the Section on Pediatric Neurology, Indiana University Medical Center, Eugene Helveston, M.D., Assistant Professor of Ophthalmology, Director of Ocular Motility and Pediatric Ophthalmology, Indiana University Medical Center, Isabel Craig, Associate Professor of Education and Neurology, Indiana University Medical Center, David Lucas, Instructor in Neurology, Indiana University Medical Center, and Donald Rice, Assistant Professor in Neurology, Indiana University Medical Center—LEARNING DISORDERS; Joan Hodgman, M.D., Director of Newborn Services, Los Angeles County, University of Southern California Medical Center, Los Angeles, California—NEONATOLOGY I and NEONATOLOGY II; Alice Cushing, M.D., Assistant Professor of Pediatrics, University of New Mexico School of Medicine, Albuquerque, New Mexico— PEDIATRIC INFECTIOUS DISEASE I and PEDIATRIC INFECTIOUS DISEASE II; W. King Engel, M.D., Chief, Medical Neurology Branch, National Institute of Neurological Diseases and Stroke, Bethesda, Maryland—MUSCLE DISORDERS OF CHILDHOOD; Manuel Gomez, M.D., Section of Pediatric Neurology, Mayo Clinic, Rochester, Minnesota—CONVULSIVE DISORDERS IN NEWBORNS AND INFANTS; Stanley Wright, M.D., Professor of Psychiatry, UCLA School of Medicine, Los Angeles, California—THE PEDIATRICIAN AND GENETIC COUNSELLING; Norman Glazer, M.D., Associate Clinical Professor of Radiology, Western Reserve University School of Medicine, Radiologist-in-Chief, The Children's Hospital of Akron, Akron, Ohio—PRACTICAL PEDIATRIC RADIOLOGY; and James Schwartz, M.D., Professor of Pediatrics, Emory University School of Medicine, Atlanta, Georgia—PEDIATRIC NEUROLOGY.

Dana L. Farnsworth, M.D., Director, University Health Services, Harvard University, Boston, Massachusetts, will be the banquet speaker.

1970 Cancer Seminar in Las Vegas, Nevada May 4-5

The American Cancer Society will sponsor the 12th annual Cancer Seminar in Las Vegas, Nevada, at the Frontier Hotel. The registration fee is $25 for the two day session on May 4 and 5.

Topics will include: Leukemias and Lymphomas; Head and Neck Chemotherapy; Use of Chemotherapeutic Agents; Mammography and Thermography and Terminal Patient Management. There will be a program for nurses and activities for wives. AAGP credit—12 hours.

22nd Annual Joseph and Samuel Freedman Lectures

The 22nd Annual Joseph and Samuel Freedman Lectures in Diagnostic Radiology will be given on Saturday and Sunday, April 18 and 19, by Dr. Jerome Shapiro, Boston City Hospital, at the University of Cincinnati College of Medicine.

Physicians desiring to attend are asked to write Dr. Benjamin Felson, Cincinnati General Hospital, 234 Goodman St., Cincinnati 45229, for further details.

First International Congress On Group Medicine April 26-30

The First International Congress on Group Medicine will meet in Winnipeg, Canada, on April 26 to 30. Sponsorship is by The Canadian Association of Medical Clinics and Medical Group Management Association of Canada.

The meeting is endorsed by many medical societies including the Canadian Medical Association. A fee of $75 covers the registration expenses and includes payment for several meals and one concert.

For further details and copy of program write the Congress at 425 St. Mary Ave., Winnipeg 1, Manitoba, Canada.

University of Colorado Offers Postgraduate Course in April

The University of Colorado will conduct a postgraduate course on "Management and Care of Respiratory Insufficiency" April 15-17 at Denver.

The program will be presented by both the Colorado faculty and guest speakers. Registration and tuition fees and further information on the course may be obtained by writing Postgraduate Medical Education, 4200 E. Ninth Ave., Denver 80220.

Postgraduate Courses Listed by Cleveland Clinic Foundation

"Current Management of Common Orthopaedic Problems" will be conducted at the Cleveland Clinic Educational Foundation on March 11 and 12. A course on "Medical Progress and its Relationship to Dentistry" will be offered on March 25-26.

Further information and programs may be obtained by writing to the Director of Education, The Cleveland Clinic Educational Foundation, 2020 E. 93rd St., Cleveland 44106. ◄

County, District News

Adams

Speaker at the Dec. 9 meeting of the Adams County Medical Society was Howard Grindstaff, ISMA field secretary. His topic was "Medicaid."

Clay

New officers of the Clay County Medical Society are as follows: Drs. Forrest R. Buell, Clay City, president and Stanley Froderman, Brazil, secretary-treasurer.

Daviess-Martin

Dr. Charles R. Farmer, Washington, is the newly elected president of the Daviess-Martin County Medical Society. Other new officers include: Drs. Arthur G. Blazey, Washington, vice president and Hamlin B. Lindsay, Washington, secretary-treasurer.

Dearborn-Ohio

Jerry Nelson, Sanborn representative, spoke on the "Coronary Care Unit" at the Dec. 4 meeting of the Dearborn-Ohio County Medical Society.

Delaware-Blackford

Newly-elected president of the Delaware-Blackford County Medical Society is Dr. Robert M. Clark, Muncie. Assisting him will be Dr. Carlson R. Speck, Muncie, as secretary-treasurer.

Elkhart

Dr. Herbert L. Cormican, Elkhart, will head the Elkhart County Medical Society for the coming year. Dr. Page E. Spray, Elkhart, was re-elected secretary-treasurer.

Fort Wayne

The Fort Wayne (Allen County Medical Society) Dec. 2 meeting was highlighted by an I.A.G.P. Road Show. Speakers included Drs. August Tomusk, William R. Clark, Jr., Robert R. Shugart and H. Carter Dunstone. Dr. Nicholas J. Pisacano, of the University of Kentucky Medical Center, was the after-dinner speaker.

Hendricks

Dr. John P. Calhoon, Avon, is the 1970 president of the Hendricks County Medical Society and Dr. Malcolm O. Scamahorn, Pittsboro, was re-elected secretary-treasurer.

Howard

Speaker at the Dec. 2 meeting of the Howard County Medical Society was Dr. T.M. Conley, of Kokomo. His topic was "Culposcopy of Cervical Carcinoma." New officers of the society include: Drs. George A. Kremers, president and Emerson C. Harvey, Jr., secretary-treasurer. Both of the officers are from Kokomo.

Huntington

Dr. Howard H. Marks, Huntington, has been elected president of the Huntington County Medical Society. Dr. Stanton E. Cope, Huntington, was re-elected secretary-treasurer.

Jay

The 1970 officers of the Jay County Medical Society will be: Drs. Eugene M. Gillum, Portland, president and Ralph E. Schenck, Portland, secretary-treasurer.

Jefferson-Switzerland

The Jefferson-Switzerland County Medical Society met Dec. 2 for election of officers and then most of the members joined the local mental health association to hear Dr. William Murray, superintendent of New Castle State Hospital, speak.

Knox

Richard Kilborn, president of Indiana Blue Shield, spoke on Title 19 and the Social Security Acts at the Dec. 16 meeting of the Knox County Medical Society.

Madison

Dr. Charles King is the new president of the Madison County Medical Society. Other officers are: Drs. Basil B. Dulin, president-elect and James R. Drake, secretary-treasurer.

Marshall

Dr. Albert F. Dingley, South Bend, spoke on "Foot Problems—Neonate through Adulthood—as Seen by the Family Doctor" at the Dec. 4 meeting of the Marshall County Medical Society. Dr. Ronald L. Peterson, Plymouth, has been elected president of the society for the coming year and Dr. Harry Stoller, Plymouth, has been re-elected secretary-treasurer.

Newton

New president of the Newton County Medical Society is Dr. Leon F. Kresler, Kentland. New secretary-treasurer will be Dr. Benjamin Imperial, also of Kentland.

Putnam

Dr. Robert J. Marvel has been elected president and Dr. Anne S. Nichols re-elected secretary-treasurer of the Putnam County Medical Society for 1970.

Randolph

The 1970 officers of the Randolph County Medical Society will be: Drs. C. R. Chambers, president and Susan Pyle, secretary-treasurer. Both of the new officers are from Union City.

Tippecanoe

Dr. Peter Petrich, trustee from the Ninth District, discussed "Medicaid and Blue Shield" at the Dec. 23 meeting of the Tippecanoe County Medical Society.

Vanderburgh

Dr. Roger Newton of Mead Johnson Company was the speaker at the Dec. 11 meeting of the Vanderburgh County Medical Society. He discussed the growing problems of drug abuse, especially among young people and efforts underway to curb them.

Wayne-Union

Dr. Kenneth Woodman, Richmond, new member of the Wayne-Union County Medical Society, spoke at the Dec. 9 meeting on his medical experiences during his year tour of duty as a military surgeon in Viet Nam. ◄

Deaths

Robert B. Cochran, M.D.

Dr. Robert B. Cochran, Muncie obstetrician and gynecologist, died Dec. 7 at the home of a daughter in Nashville, Tenn. He was 51.

A U.S. Navy veteran, Dr. Cochran had practiced in Muncie since 1954. He was graduated from Temple University School of Medicine in 1943, interned at Great Lakes Naval Hospital in Illinois and continued to serve in the Navy until 1947 when he began general practice in Bismarck, N.D. Dr. Cochran was a member of the Delaware-Blackford County Medical Society.

John W. Herr, M.D.

Dr. John W. Herr, 77, Newburgh, died Jan. 4 at Perry County Hospital in Tell City.

Graduated from the I.U. School of Medicine in 1931, Dr. Herr practiced at Mount Vernon before moving to Tell City where he has had his office the last 14 years. He was a Senior Member of ISMA and member of the Perry County Medical Society.

Irwin S. Hostetter, M.D.

Dr. Irwin S. Hostetter, Muncie general practitioner, died Nov. 24 at the age of 53.

Dr. Hostetter was graduated from the I.U. School of Medicine in 1941 and served with the U.S. Air Force in World War II. He started the practice of medicine in Muncie in 1945 and was a member of the Delaware-Blackford County Medical Society.

John K. Jackson, M.D.

Dr. John K. Jackson, 58-year-old general practitioner at Aurora, died Dec. 2 after a lingering illness.

Graduated from the I.U. School of Medicine in 1935, Dr. Jackson joined his father as a general practitioner at Aurora. He assumed the business in 1947, after the death of his father, and continued to practice until his health began to fail last year. He was a member of the Dearborn-Ohio County Medical Society.

Don E. Kelly, M.D.

Dr. Don E. Kelly, former Indianapolis physician and member of the Marion County Medical Society, died Oct. 9 at Folsom, Calif. He was 65.

A dermatologist, Dr. Kelly was graduated from the I.U. School of Medicine in 1929 and practiced for many years at Indianapolis.

Floyd S. Martin, M.D.

Dr. Floyd S. Martin, 63, Goshen physician, died Jan. 6 in his office.

A native of Scottsdale, Pa., Dr. Martin was graduated from the Northwestern University School of Medicine in 1936. After a two-year internship in New York, he went to Goshen and began his practice. He served in the armed forces during World War II and was a member of the Elkhart County Medical Society.

S. V. Panares, M.D.

Dr. S. V. Panares, 64-year-old Hammond physician, died Jan. 7 at St. Margaret Hospital.

Dr. Panares was a long-time member of the Lake County Medical Society. He was a general practitioner and surgeon.

Melvin Teters, M.D.

Dr. Melvin Teters, 78, Middlebury general practitioner, died Nov. 12 from injuries suffered in an automobile accident.

A member of the Elkhart County Medical Society, Dr. Teters was graduated from the I.U. School of Medicine in 1916. He had practiced at Middlebury since 1919, after serving in World War I. He was a Senior Member of ISMA and member of the 50-Year Club. ◄

Withdrawal or No Withdrawal, 400 M.D. Volunteers Needed in Viet Nam

Despite the impressive success of the Volunteer Physicians for Viet Nam program, 400 more M.D.s are needed to meet the AMA commitment to the U.S. Agency for International Development for administering the program until June, 1971.

Medical societies have been requested to encourage members to volunteer for a tour of duty, and the program is making available a "recruitment" film, "Bac Si My" (Vietnamese for American physician). The 13-minute color-sound film depicts the activities of physicians serving a 60-day tour, and it is designed for use by former volunteers, by medical societies, service clubs and lay groups, and for television. Prints are available on loan from: Program Director, Volunteer Physicians for Viet Nam, AMA, 535 North Dearborn Street, Chicago, Ill. 60610.

Association News

EXECUTIVE COMMITTEE

December 18, 1969

Roll call showed the following present: Donald M. Kerr, M.D., Chairman, Burton E. Kintner, M.D., Lowell H. Steen, M.D., Malcolm O. Scamahorn, M.D., Peter R. Petrich, M.D., Lester H. Hoyt, M.D., Hugh K. Thatcher, M.D., and James A. Waggener, executive secretary.

Membership Report

Number of members as of December 31, 1968		4,444
1969 members as of November 30, 1969:		
Full dues paying	3,930	
Residents and interns	108	
Board remitted	58	
Senior	340	
Honorary	3	
Military	45	
Total 1969 members as of November 30, 1969		4,481
Total 1968 members as of November 30, 1968		4,440
Number of AMA members as of December 31, 1968		4,289
1969 AMA members as of November 30, 1969		4,329
Full dues paying	3,778	
Exempt, but active	551	
	4,329	
Number who have paid state dues but not AMA dues as of November 30, 1969	152	
Number who paid state dues but not AMA dues as of November 30, 1968	154	

Headquarters Office

REQUEST OF V.A.—The request of the Veterans Administration for the association to distribute materials regarding the V.A. Disability program was discussed and by consent it was agreed that the association could only supply a roster to the V.A. and let them distribute the pamphlet because of its bulky size.

REPORT OF INDIANA MEDICAL FOUNDATION—The secretary read the financial report of the Indiana Medical Education Foundation for the information of the committee.

GOVERNOR'S OFFICE—The secretary related he had had a call from the Governor's office regarding recommendations for three appointments by the Governor—one to the Day Care Committee; one to the Civil Defense Committee and two members to the Board of Medical Registration and Examination.

ANTIQUE DOCTOR'S OFFICE—The secretary reported he had a call concerning an estate having a complete doctor's office of the late 1800 vintage and the estate was desirous of selling the equipment for museum purposes.

After a discussion of this, it was taken by consent that Drs. Scamahorn, Thatcher and Hoyt would attempt to review this equipment prior to the next meeting and on motion of Drs. Petrich and Steen it was voted to refer the purchase of this equipment to the Board of Trustees.

Treasurer's Report

The treasurer reported on the income and expense statement for the month of November; reviewed the cash and securities report and the investment account. On motion of Drs. Hoyt and Petrich, the report was adopted as presented.

Organization Matters

ACTION OF ALLEN COUNTY MEDICAL SOCIETY—The president discussed the action of the Allen County Medical Society in which it was evident that a special meeting of the House of Delegates would necessarily have to be called.

MINUTES—COMMISSION ON MEDICAL EDUCATION AND LICENSURE—The minutes of the meeting of the Commission on Medical Education and Licensure in which they were recommending that an appropriate certificate of service be given to the participants in the Preceptor Program was reviewed and by consent the request was granted.

RESOLUTION—FULTON COUNTY MEDICAL SOCIETY—The resolution of the Fulton County Medical Society was read for the information of the committee.

REQUEST OF DR. WILHELMUS—The request of Dr. Wilhelmus concerning the legal opinion on the right of insurance companies to review hospital records of patients was discussed and on motion of Drs. Scamahorn and Steen, the secretary is to obtain a legal opinion on this subject.

SECOND DISTRICT MEETING—The chairman reported on the special meeting of the Second District Medical Society at which time Mr. Kilborn explained the operation of the Medicaid Program.

LETTER FROM DR. McCARTY—An exchange of correspondence between Dr. fice was reviewed for the information of Virgil McCarty and the headquarters of the committee.

LETTER FROM JAMES J. STEWART—A letter from James J. Stewart of Stewart, Gilliom, Irwin, Fuller and Myer, concerning privileged information, was read for the information of the committee.

REQUEST FOR PAYMENT OF CONVENTION SPEAKERS—A request for payment of honorarium to two Indiana physicians for appearance on the program of the 1969 convention was reviewed and by consent the secretary was requested to write these individuals explaining the policy on payment of program participants.

INDIANA STATE ASSOCIATION OF LIFE UNDERWRITERS—Several letters from the Indiana State Association of Life Underwriters concerning their transplant donor program were reviewed for the information of the committee.

LETTER FROM INDIANA SOCIETY OF INTERNAL MEDICINE—A letter from the Indiana Society of Internal Medicine concerning their establishment of a Peer Review Committee was read for the information of the committee.

RENEWAL OF MEMBERSHIP—SAMA—The renewal of membership in the Student American Medical Association in the amount of $100 was approved on motion of Drs. Steen and Kintner.

RENEWAL OF MEMBERSHIP—BETTER BUSINESS BUREAU—Renewal of membership in the Better Business Bureau in the amount of $175.00 was approved on motion of Drs. Petrich and Kintner.

REQUEST OF WOMAN'S AUXILIARY TO SAMA—A request of the Woman's Auxiliary to the Student American Medical Association for a sustaining membership in the sum of $15.00 was approved on motion of Drs. Petrich and Steen.

LETTER FROM DR. LOOMIS—An exchange of correspondence between Blue Shield and Dr. Charles Loomis of Richmond, Indiana was reviewed and by consent this matter is to be forwarded to the Board Liaison Committee with Blue Shield.

WIRE FROM AMA—A wire from the American Medical Association concerning the action of the Senate on the Professional Corporations portion of the tax reform bill was read for the information of the committee.

REQUEST—INDIANA REGIONAL MEDICAL PROGRAM—A request of the Indiana Regional Medical Program for the use of the association mailing list for the purpose of announcing a course in coronary care was approved by consent.

CORRESPONDENCE—DR. MILAN—Correspondence between Doctor Milan and the president of the association was reviewed for the information of the committee.

CORRESPONDENCE—MR. BUNCH—Correspondence between the president and Mr. Joel A. Bunch of the 40 & 8 is to be referred to the *Journal* editor by consent.

CORRESPONDENCE — COLORADO STATE MEDICAL SOCIETY—Correspondence concerning action of the Colorado Medical Society regarding the creation of a component society comprised of students of the medical school was reviewed and on motion by Dr. Steen and taken by consent, this is to be referred to the association committee on Future Planning.

LETTER FROM ONTARIO MEDICAL SOCIETY—A letter from the Ontario Medical Society concerning the pollution of the St. Lawrence River and Great Lakes was reviewed and by consent the secretary is instructed to write an appropriate letter to Dr. Porter of the Ontario Medical Society.

LETTER FROM NEW MEXICO MEDICAL SOCIETY—A letter from the New Mexico Medical Society announcing that Dr. Irvin E. Hendryson of Albuquerque would be a candidate for the office of president-elect of the AMA at the coming meeting of that organization was read for the information of the committee.

Convention Matters

Minutes of the meeting of the Commission on Convention Arrangements held December 10th were reviewed for the information of the committee.

New Business

LETTER FROM DELAWARE-BLACKFORD COUNTY MEDICAL SOCIETY—A letter from the Delaware-Blackford County Medical Society requesting a legal opinion was reviewed and on motion of Drs. Petrich and Scamahorn, the secretary is to obtain a legal opinion.

LETTER FROM DR. DAVID L. ALVIS—A letter from Dr. David L. Alvis, secretary-treasurer of the Indiana Association of Ophthalmologists, addressed to Senator Vance Hartke was reviewed for information of the committee.

Future Meetings

The secretary read a letter from the AMA requesting that he attend a 10-state Medical Society Executives Round Table to be held in St. Louis January 13 and 14 was read and on motion of Dr. Petrich and taken by consent, the secretary is authorized to attend.

The secretary also read a memorandum from Dr. Howard, Executive Vice President of the AMA, concerning a meeting of medical executives to be held in Chicago January 28-29 and by consent the secretary is authorized to participate in this program.

An invitation for the association to send a representative to the 1970 National Health Forum in Washington, D.C. on February 23-25 was read and by consent it was agreed that no one would attend.

Information concerning the Public Affairs Conference to be held in Washington February 28-March 1 was read and by consent it was agreed this matter would be referred to the Board of Trustees.

A notice from the AMA of the 16th Annual Convention of State Mental Health Representatives to be held in Chicago March 13-14 was read and this matter was ordered to be placed on the next agenda of the committee.

A notice of the Third National Voluntary Health Conference of the AMA to be conducted in Washington, D.C. on May 7-8 was read and by consent this will be placed on a future agenda.

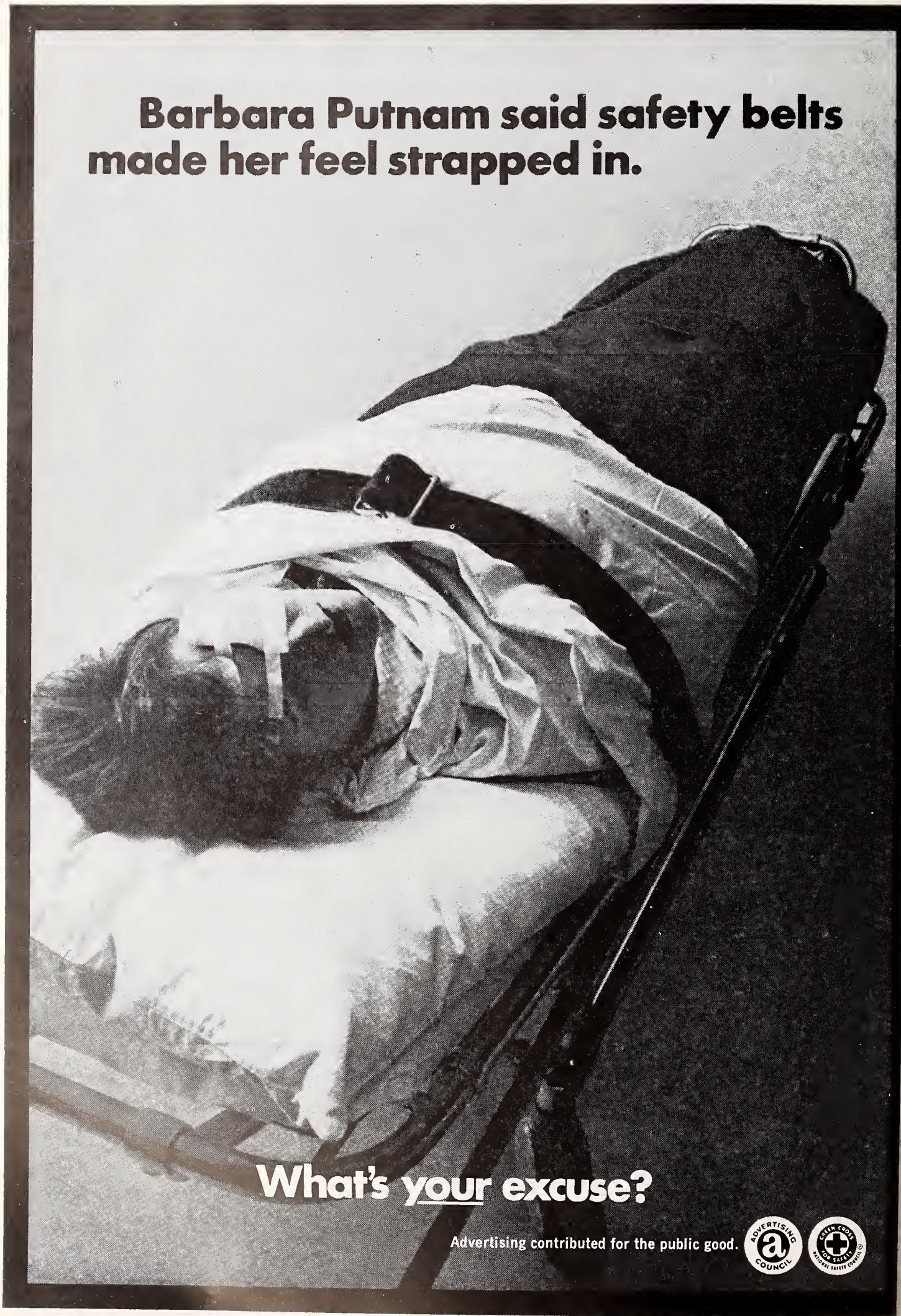
There being no further business, the committee adjourned to meet again at 6:00 P.M., Friday, January 9, 1970. ◄

AMA Issues Eighth Booklet on Athletic Training Tips

Team physicians working with young athletes in both high schools and colleges have now available the "Tips on Athletic Training VIII," published in 1969 under the auspices of the Committee on the Medical Aspects of Sports of the AMA.

This new 26-page handbook covers the health examination for athletic participation, physical readiness for football, hot weather hints, herpes simplex among wrestlers, the athlete and VD, androgenic-anabolic steroids and sports, the knee in sports, safety in track and field, and a first aid chart for athletic injuries.

Single copies may be requested from the AMA Order Department, 535 North Dearborn Street, Chicago, Ill. 60610, at 15¢ each, with less cost in quantities, ranging down to 8¢ each for 1,000 or more. A 50 per cent discount, however, is standard on all AMA literature when ordered on medical society letterhead stationery or forms.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WANTED: Department Chief and General Practitioners for Medical-Surgical Department of 1900-bed JCAH approved mental hospital. Salary to $29,000 depending on training and experience. Excellent fringe benefits. College town. Summer-winter sports area. Near Interlochen National Music Camp. Small town peace and quiet—big city culture. Contact M. Duane Sommerness, M.D., Superintendent, Traverse City State Hospital, Traverse City, Michigan 49684. An equal opportunity employer.

FOR SALE: Modern office building and equipment including x-ray, dark room, examining room, Diathermy, Ultrasound, Hydrotherapy, complete laboratory. Separate consultation room and adequate waiting room and business office. For immediate occupancy. No parking problem. L. Mason Lyons, M.D., 59 South 18th Street, Terre Haute, Indiana 47807, 812-232-8867.

FOR SALE: Former doctor's residence and office. Located in northern Indiana town close to lake district. Send inquiries to: Del Auer Real Estate, P.O. Box 526, Columbia City 46725.

WANTED: G. P. to take over established practice in Johnson County, 15 miles south of Indianapolis. Leaving for residency. New hospital in area with open staff and physician coverage in E. R. on holidays and weekends. Time off traded with two other G. P.'s in area. Ideal opportunity for single G. P. or two G. P.'s for group practice. 6,000 population, with no other M.D. in community. Contact George Bullington, M.D., Whiteland, 535-7558 or 736-5346.

IMMEDIATE OPENING: Internist or general practitioner to join six man multi-specialty group in northeastern Wisconsin. Excellent professional opportunity to practice in a friendly community, only two actively practicing physicians (general practitioners) in the community outside of our clinic. Salary commensurate with training and experience first year and then full partnership. Ideal, safe small city living for the family on scenic Lake Michigan with excellent fishing, boating and hunting. All this and still only 1½ hours drive to Milwaukee or 45 minutes to Green Bay or lovely Door County. For complete details contact Robert E. Myers, M.D., Garfield at 23rd, Two Rivers, Wisconsin 54241.

PSYCHIATRIC RESIDENCIES: We offer nothing but excellent psychiatric training in a stimulating, well-organized program located in a culturally advantaged community. Approved psychiatric training. Traverse City State Hospital, Michigan Department of Mental Health. Three and five year programs. Salary, 3 year program: $10,669; $11,191; $12,131. 5 year program: $12,152; $14,031; $16,328; $21,944; $23,093. NIMH-GP stipends available. Located in Michigan's serene, scenic recreation area on Grand Traverse Bay. Contact Dr. Paul E. Kauffman, Director of Training, Traverse City State Hospital, Traverse City, Michigan 49684. An equal opportunity employer.

AVAILABLE: General Practice. Leaving for residency. Select clientele. Open staff hospital. Excellent consultants. Industrial town of 40-50,000. Coverage possible. Available until May 1. Phone 219—522-1080 (days); nights 616—641-5364, Elkhart, Indiana or write Edwin H. Gray, M.D., 518 West Franklin, Elkhart, Indiana 46514.

WANTED: General practitioner or internist to locate in north central Indiana with group in modern office, x-ray and laboratory facilities. Directly adjacent to hospital. Write Box 358, The Journal, Indiana State Medical Association, 3935 N. Meridian St., Indianapolis, Ind. 46208.

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Indianapolis, Indiana 46241

WANTED: G. P. to associate with a busy G. P.-Surgeon. Foreign graduate with Indiana license welcome. Contact Ramesh S. Carpenter, Garrett, Indiana 46738.
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The JOURNAL OF THE INDIANA STATE MEDICAL ASSOCIATION

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(1) Siver, R. H.: CMD, *21*:109, September 1954. (2) Frykman, H. H.: Minn. Med., *38*:19-27, January 1955. (3) McGivney, J.: Tex. State Jour. Med., *51*:16-18, January 1955. (4) Quehl, T. M.: Jour. of Florida Acad. Gen. Prac., *15*:15-16, October 1965. (5) Weekes, D. J.: N.Y. State Jour. Med., *58*:2672-2673, August 1958. (6) Weekes, D. J.: EENT Digest, *25*:47-59, December 1963. (7) Abbott, P. L.: Jour. Oral Surg., Anes., & Hosp. Dental Serv., 310-312, July 1961. (8) Rapoport, L. and Levine, W. I.: Oral Surg., Oral Med. & Oral Path., *20*:591-593, November 1965.

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Office of Publication

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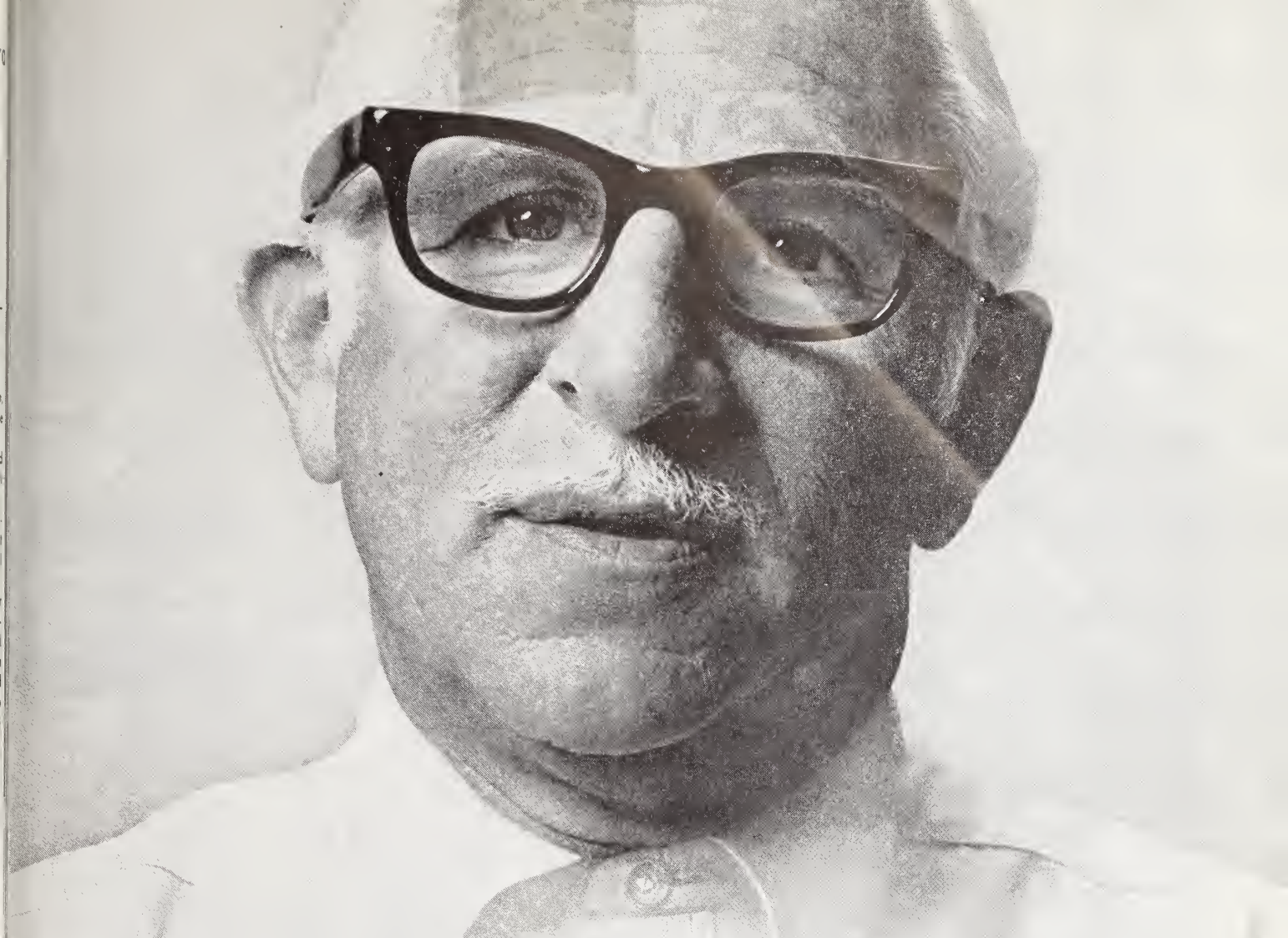

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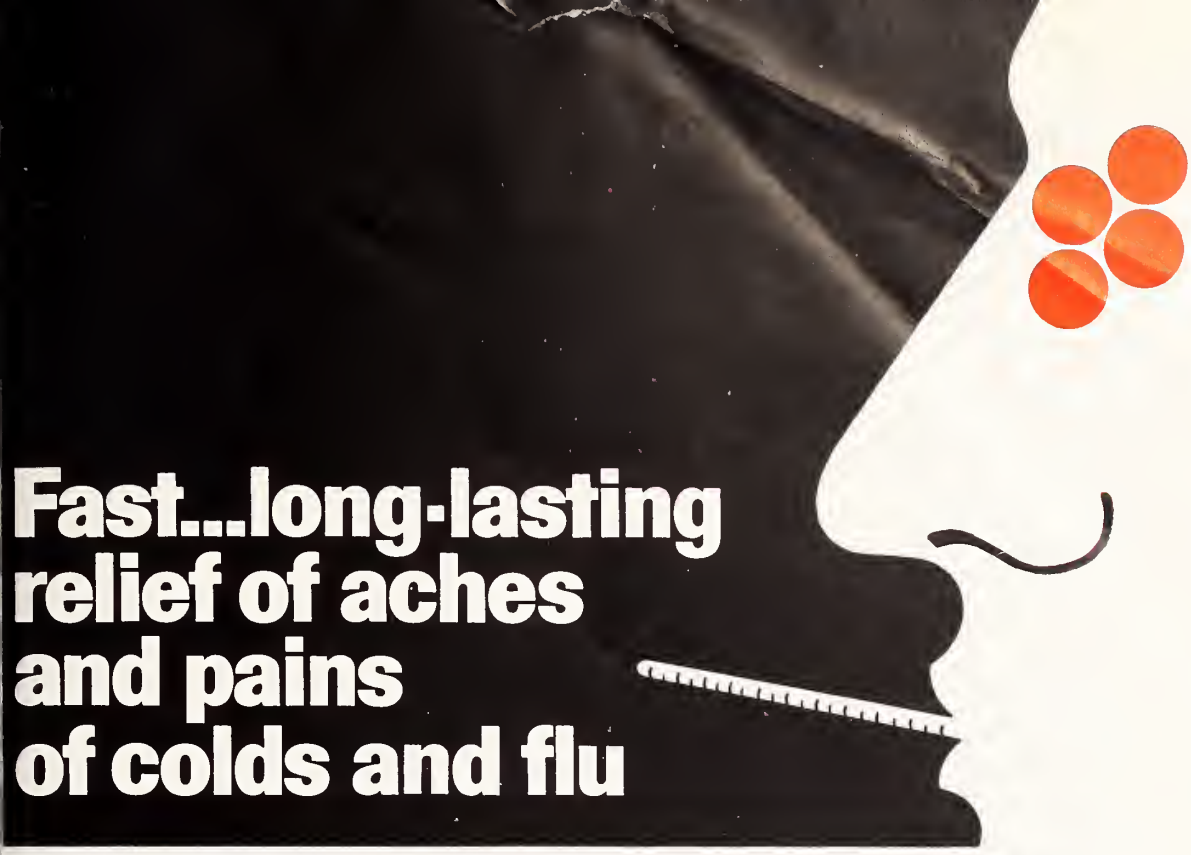

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Series on Treatment of Kidney Diseases in Indiana by WFBM's Birge-Grant Team Wins Important Ohio State Award.

Seen as they worked on the documentary are Evie Birge, who wrote and narrated "Indiana Kidney Transplant and Dialysis Program," and Ralph Grant, the series photographer. It was shown on Channel 6 last summer.

The honor has special significance since the series competed with entries from throughout the nation. The award was given for "An exciting, creative effort making full use of television's capabilities in delineating a medical technique."

The WFBM-TV documentary also received praise from Indiana University Medical Center and the Indiana State Association of Life Underwriters, Inc.

WFBM tv 6 INDIANAPOLIS

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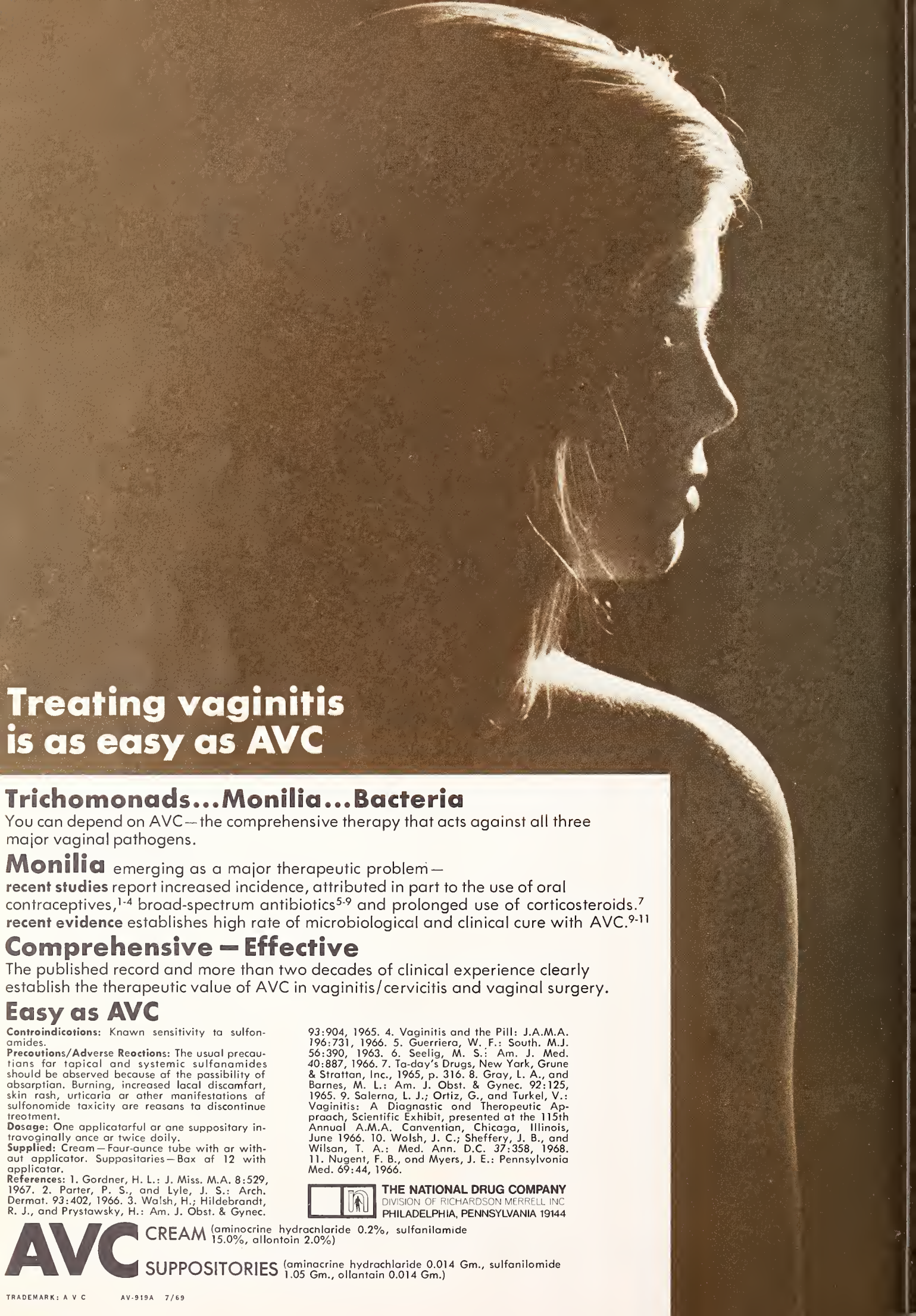

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Trichomonads...Monilia...Bacteria

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Comprehensive — Effective

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References: 1. Gordner, H. L.: J. Miss. M.A. 8:529, 1967. 2. Porter, P. S., and Lyle, J. S.: Arch. Dermat. 93:402, 1966. 3. Walsh, H.; Hildebrandt, R. J., and Prystowsky, H.: Am. J. Obst. & Gynec. 93:904, 1965. 4. Vaginitis and the Pill: J.A.M.A. 196:731, 1966. 5. Guerriera, W. F.: South. M.J. 56:390, 1963. 6. Seelig, M. S.: Am. J. Med. 40:887, 1966. 7. Ta-day's Drugs, New York, Grune & Strattan, Inc., 1965, p. 316. 8. Gray, L. A., and Barnes, M. L.: Am. J. Obst. & Gynec. 92:125, 1965. 9. Salerna, L. J.; Ortiz, G., and Turkel, V.: Vaginitis: A Diagnostic and Therapeutic Approach, Scientific Exhibit, presented at the 115th Annual A.M.A. Convention, Chicago, Illinois, June 1966. 10. Walsh, J. C.; Sheffery, J. B., and Wilson, T. A.: Med. Ann. D.C. 37:358, 1968. 11. Nugent, F. B., and Myers, J. E.: Pennsylvania Med. 69:44, 1966.

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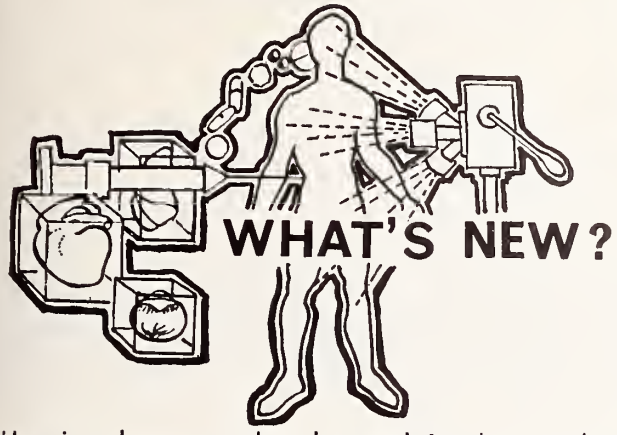

WHAT'S NEW?

Hearing loss may be detected in the newborn by the use of a Zenith Neo-Meter Infant Screening Audiometer. It is small, easy to handle, operates on batteries and calibrates, at least partially, the degree of loss, if any. It is described as a highly useful instrument, because an infant with a known hearing loss may be taught to speak at a normal rate.

* * *

A new type device for intermittent cervical traction is offered by the J. T. Posey Company. The amount of traction may be changed by varying a weight. The control mechanism is contained within a box which is installed above the patient, who receives the treatment in a sitting position. The traction device is supplied either with or without a timer and may be used in a hospital or in the home.

* * *

Parke-Davis is adding a new one mg. tablet to its contraceptive line of Norlestrin. It will be dispensed in prescription folders of 21 tablets, especially for the patient who prefers "three weeks on —one week off." It will be known as "Norlestrin 21 1 mg."

* * *

Repoise® (butaperazine), is being introduced by A. H. Robins. Repoise is a psychotherapeutic agent offered only for the management of chronic schizophrenic patients who are under close psychiatric supervision.

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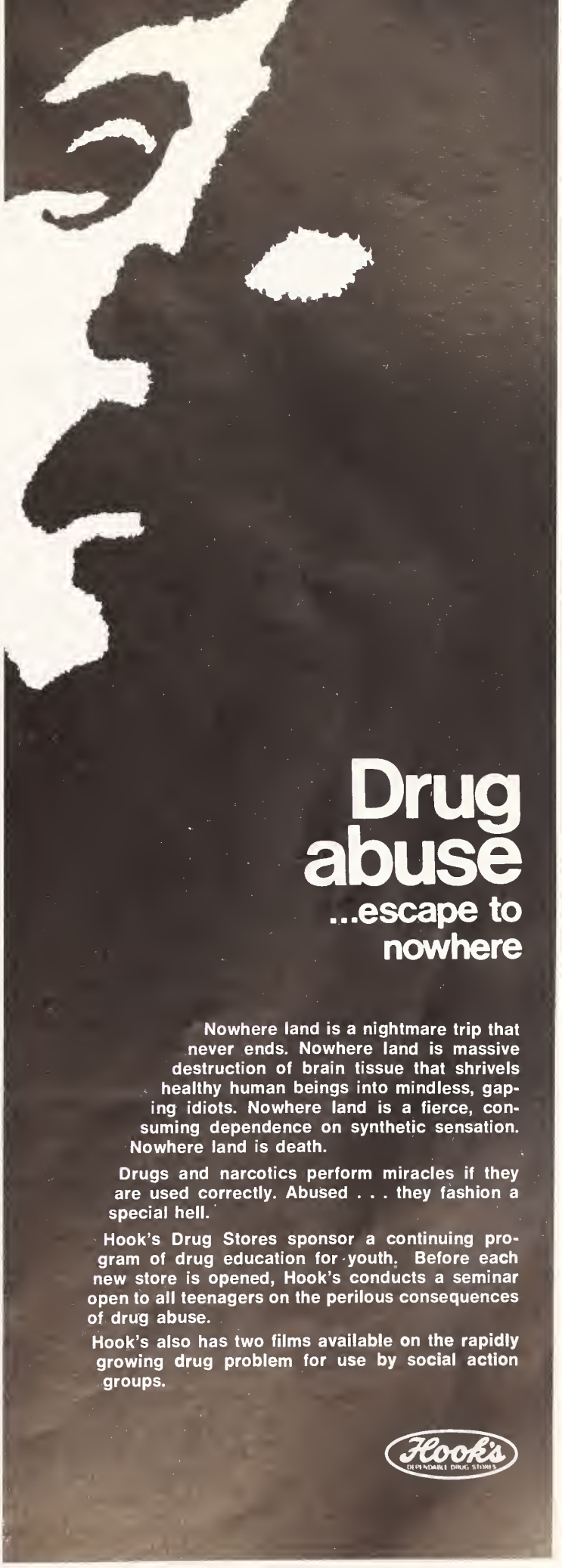
Bronilidene, a new broad spectrum antiviral agent which has demonstrated its ability to destroy the virus causing Asian Flu when injected in mice infected with the disease, has been announced by Guardian Chemical Corporation of New York. It does not have to be given in advance but will combat existing infection. Mice, infected with Asian Flu virus, recovered in all instances when treated with Bronilidene. All infected and untreated controls died. All treated animals died when infected at a later date without receiving the drug. Further studies in other animals are scheduled.

* * *

News of what is new in the medical supply industry is composed of abstracts from news releases by manufacturers—of pharmaceuticals, clinical laboratory supplies, instruments, and surgical appliances and book publishers. Each item is published as news and does not necessarily constitute an indorsement of a product or recommendation for its use by THE JOURNAL or by the Indiana State Medical Association.



This summary of what is happening in Washington is prepared by AMA's Capitol office and air-mailed to *The Journal* on the ninth of each month preceding month of issue.

WASHINGTON—The Senate Finance Committee approved a staff report on medicare and medicaid which was critical of both physicians and administration of the health care programs. It included a recommendation for fee schedules for physicians' services.

IN A JOINT statement, the presidents of the American Medical Association and the National Medical Association pledged support of their organizations to the committee's efforts to correct deficiencies and abuses in the two programs. However, the two spokesmen for organized medicine said "it would be tragic if . . . regulations were adopted whose effect would be to deny a greatly improved level of health care to the "ghettos."

THE AMA-NMA statement said that "we were greatly encouraged by the committee's comment that it 'believes that the majority of physicians for whom information was requested with respect to medicare and medicaid as presently structured have dealt fairly with these federal programs and with the federal government.' "

IN REGARD to abuses and fraud, the statement said:

"WHERE THESE abuses exist, they must be rooted out. Both the AMA and the NMA are prepared to take very vigorous action within their power to help the committee and the government accomplish this."

IT WAS NOTED that the committee had denied an AMA request many months ago that it be given the names of physicians involved in the committee's investigation.

"DESPITE THIS," the statement said, the AMA and the NMA through their own resources have been able to identify a number of physicians grossing more than $25,000 in these programs . . . .

"IN SOME INSTANCES, medical societies had already taken appropriate action against individual physicians where the evidence warranted. In other instances, however, the AMA and the NMA have found that many of the physicians presumably included in the committee's study are dedicated physicians working in isolation in slum and rural areas who are literally being overwhelmed by a tide of sick humanity . . . .

"WE THEREFORE BELIEVE it would be unfortunate if the committee's report leads the public to believe that medicare and medicaid are riddled with fraud or that the number of physicians abusing the programs is large. Such is not the case . . . ."

THE REPORT said that incomplete and partial listings indicated 4,300 individual practitioners plus an additional 900 physician groups each received at least $25,000 from medicare in 1968, including 68 who received $100,000 or more. The report also included a long list of physicians by state receiving $25,000 or more from medicaid in 1968. None was named; listings were by code numbers.

"HUNDREDS of the payment profiles indicate that the physicians involved might be abusing the program," the report said. "For example, we found many general practitioners each paid $15,000, $20,000, or more for laboratory services. We found large payments being made for what appear to be inordinate numbers of injections. In many cases we found what is apparently overvisiting and gang-visiting of patients in hospitals and nursing homes.

"THE STAFF believes that the majority of physicians on whom information was gathered provided medically necessary services for which they were entitled to charge and be reimbursed. On the other hand, medicare's payments structure did little to discourage—in fact, it encouraged—high fees, and thus may well have contributed to the very substantial payment totals to those same physicians."

RECENTLY, the Social Security Administration reported that about 2,500 cases had been investigated for fraud or abuse during the first three and one-half years of medicare. It was emphasized that this was only a minuscule fraction of total medicare transactions. Social Security Commissioner Robert M. Ball said:

"MEDICARE PAYS about 30 million doctors' bills and 12 million bills from institutional providers of services each year. It is clear from our investigations that the number of attempts at fraud or abuse is relatively very small."

ABOUT HALF of the cases investigated, he said, resulted from clerical errors, misunderstandings or honest mistakes by physicians and health services. To Jan. 20, 1970, the SSA had referred the cases of 13 individuals and organizations to the Justice Department with recommendations for criminal prosecution for fraud. Two physicians have been convicted in U.S. district courts and indictments have been returned against another five physicians and one non-physician. Another five cases had been referred with recommendations that civil proceedings be started for the return of illegally collected funds. Early this year, social security investigators also were preparing an additional 35 possible fraud cases for referral to the Justice Department.

THE MOST COMMON types of alleged violations reported include physicians and providers billing for services not rendered, excessive charges, alteration of bills, duplicate billing, misrepresentation of types of services or dates of services, unreported discounts or kickbacks, and employee embezzlement, medicare officials said.

THE REPORT'S recommendations were aimed at providing "bases for remedying the serious, costly, and pervasive problems" of the two programs and make them "work more efficiently and economically." However, it was conceded that physicians

constitute the cardinal factor.

"THE KEY to making the present system workable and acceptable is the physician and his medical society," the committee staff said. "We are persuaded that at this point in time neither the government nor its agents have the capacity to effectively audit medical practice to assure that a given physician functions responsibly in dealing with the publicly financed programs.

"WHILE THERE IS growing awareness among many physicians of the need for the profession to effectively police and discipline itself, performance has been spotty and isolated so far. Prompt action is necessary by organized medicine (and other health professions) to do what is required with respect to monitoring care provided and charges made for the care . . . .

"HOWEVER, procedures which involve peer review should not be undertaken without precise spelling out and assurances that such review will be comprehensive and effective—not paper and token."

REPORT RECOMMENDATIONS

—Fee schedules for physicians' services.
—Generic prescribing of drugs.
—"Curb overutilization by requiring prior professional approval of elective procedures and expensive courses of treatment.
—Require the patient to name a "primary physician" to end "costly 'doctor shopping.'"
—Require states to provide medicaid recipients with statements outlining payments made in their behalf.
—Modify present law "to make practicable reasonable cost-sharing payments by the medically indigent."
—Prohibit independent collection and discount agencies from collecting medicaid or medicare due bills that providers have sold to them.
—Improve federal administration, and establish cooperative arrangements with and between states.
—Establish a medicaid fraud and abuse unit in HEW, and require states to establish similar units.
—Combine the medicare and medicaid advisory councils.

AMA URGES CHANGES IN REGULATIONS

THE American Medical Association urged changes in proposed federal regulations concerning fraud under the medicaid program.

"WHILE WE DO NOT condone in any way any fraudulent conduct of physicians in Title XIX (medicaid) or in any professional activity, we do believe that physicians will consider the new requirements an unwarranted affront to their integrity in their participation in the program," Dr. Ernest B. Howard, executive vice president of the AMA, said in a letter to John D. Twiname, acting administrator of the medicaid program.

ONE OF THE proposed regulations would require physicians to sign form statements certifying that their claims were correct

and that they understood fraud could subject them to prosecution.

THESE STATEMENTS, Dr. Howard said, would serve no useful purpose because physicians already know that false claims could lead to prosecution. On the other hand, the regulation would be "regarded as offensive by many physicians since it obviously impugns their integrity," the AMA letter said.

THE OTHER proposed regulation would require state agencies to promptly report suspected cases of fraud.

"IT IS OBVIOUS that serious prejudice may result to a physician where the suspicion of fraud is publicized," the AMA said. "Even when the fraud is not later established, irreparable harm to the reputation of the physician will still have resulted . . . . We believe it will be better procedure not to report each suspected case, but to include in the report only those situations where the case has been concluded and fraud has been established."

1971 BUDGET CALLS FOR INCREASE IN HEALTH REVENUES

THE NIXON ADMINISTRATION submitted a fiscal 1971 budget calling for federal expenditures of $20.6 billion from general revenues for health purposes, an increase of $1.8 billion over current spending levels. Medicaid and medicare Part B (physicians' services) accounted for much of the increase.

THE OVERALL medicare budget, including Part A (hospitalization), increased by $1.2 billion to $8.8 billion. Estimated medicaid costs to the federal government rose from $2.6 billion to $3.1 billion. However, the Administration hopes to cut the medicaid budget by $235 million by getting Congress to approve elimination of federal aid for extended care in mental institutions and nursing homes.

THE BUDGET for the current 1970 fiscal year, ending next June 30, still had not been approved when the new budget was submitted. Congress upheld President Nixon's veto of the appropriations for the departments of labor and of health, education and welfare on the ground that it was inflationary. The main funds at issue were educational aid for the federally impacted areas. The Administration and Congressional leaders negotiated a compromise.

IN THE 1971 budget, the lid was kept on health research spending by holding the overall increase in funds requested for the National Institutes of Health to $48 million. Some of the institutes' programs were cut and others given only small increases. Cancer research was allotted the largest increase, $28 million, pushing the 1971 budget for the program to $202.3 million. Heart research and child health research were increased by $17 million each.

INCREASES totaling $15.4 million were asked for alcoholism and drug addiction programs.

THE Food and Drug Administration budget was upped by 10%, from $81.3 million to $89.5 million. Of this hike, nearly $2 million would be used to check safety of food additives and $2.2 billion for research on cancer and birth defects in animals exposed to pesticides.

Continued

Continued

A BOOST OF $12.4 million, to $57.4 million, was requested for health services research and development projects "directed primarily at containing the rate of increase of medical care costs and improving the availability and utilization of health care, especially for low income groups." The federal programs in this field include: the development of alternatives to long-term stays in hospitals; experiments with private insurance firms to develop additional policies to encourage out-of-hospital care; experiments with comprehensive prepayment plans; improvement of municipal hospital systems, and development of new types of health service manpower.

AN INCREASE OF $25 million, to $320 million, was requested for health professions education and manpower training programs.

PROS AND CONS OF "THE PILL" AIRED

THE PROS and cons, with emphasis on the cons, of birth control pills were aired at a Senate subcommittee hearing.

MOST OF THE physician witnesses at four days of hearings by the Senate Antimonopoly Subcommittee testified that not enough attention had been paid to side effects. They urged that both physicians and drug companies be more diligent in calling patients' attention to the possible dangers in taking oral contraceptives.

SOME OF THE witnesses expressed strong concern or alarm as to side effects. Others defended the oral contraceptives.

DEVELOPMENTS related to the hearings included:

—The Food and Drug Administration revived its birth control advisory committee which last fall concluded that the benefits of oral contraceptives outweighed the possible dangers so heavily that they could be evaluated as "safe." Dr. Roy Hertz, New York, N. Y., a critical witness before the subcommittee, was named temporary chairman.

—In advising physicians about the new labeling, the new FDA commissioner, Dr. Charles C. Edwards, urged that patients be given full information about potential adverse effects.

—The American College of Obstetricians and Gynecologists said it "deplored inaccurate or sensational reports concerning the scientific data on these drugs." The pills were termed "accepted therapeutic methods."

—Dr. E. B. Howard, executive vice president of AMA, in a televised interview, urged American women to be calm in the face of the wide publicity about side effects and follow the orders of their physicians.

—The AMA's Council on Drugs said: "Oral contraceptives should continue to be prescribed by physicians for patients who require this type of contraception. However, we urge that patients be advised that there are certain risks involved—the slight risk of vascular damage and the theoretical risk of carcinoma." ◄

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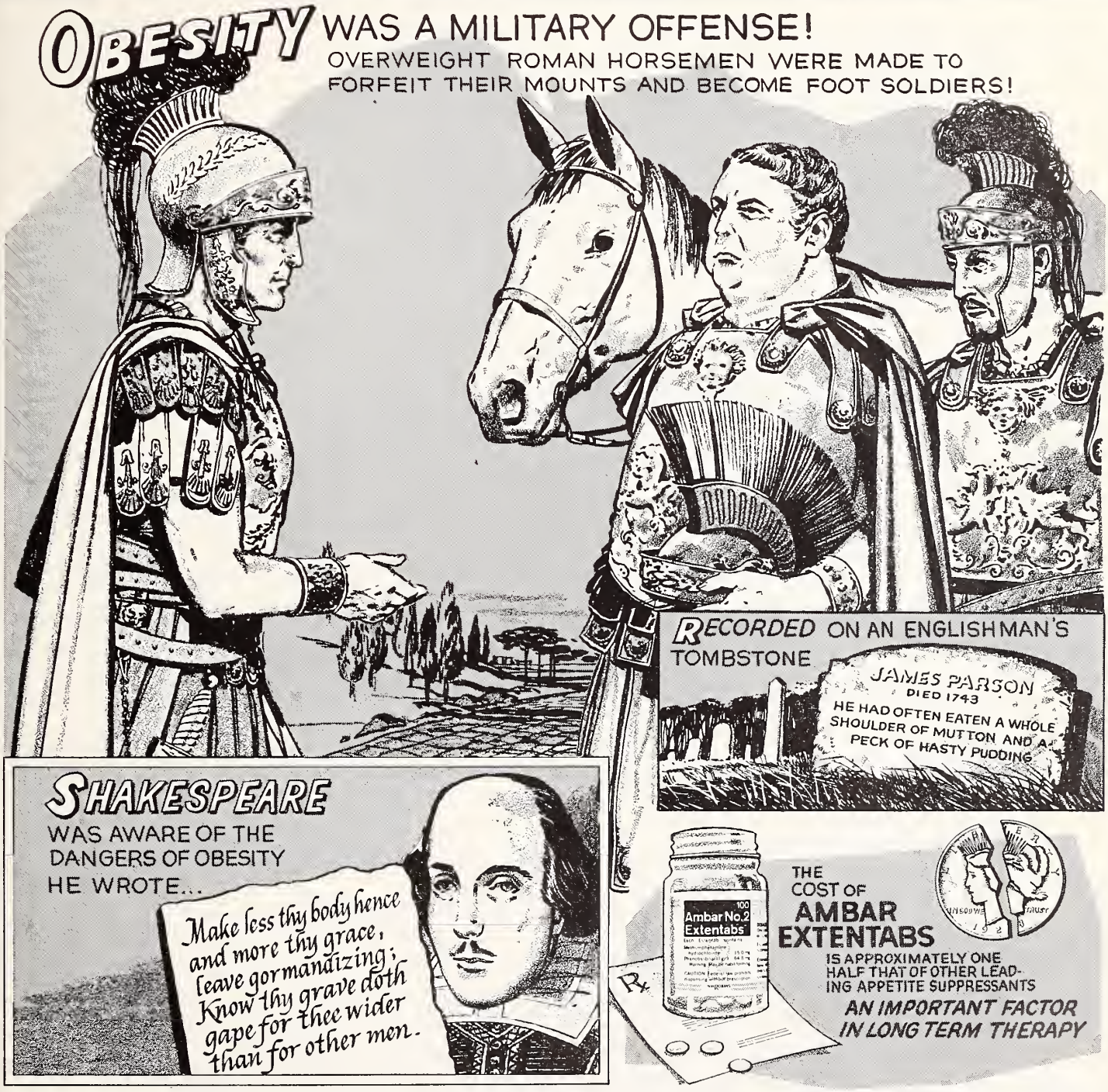

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BRIEF SUMMARY/**Indications:** Ambar suppresses appetite and helps offset emotional reactions to dieting. **Contraindications:** Hypersensitivity to barbiturates or sympathomimetics; patients with advanced renal or hepatic disease. **Precautions:** Administer with caution in the presence of cardiovascular disease or hypertension. **Side Effects:** Nervousness or excitement occasionally noted, but usually infrequent at recommended dosages. Slight drowsiness has been reported rarely. See package insert for further details.

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Letters

to the editor

To the Editor:

After reading Dr. Bowen's article in your January edition, I would say that he is too optimistic about present-day youth, in view of many facts at variance with his expressed opinions.

Campus riots and fantastic student demands are not the result of "impatience of youth." They are the result of many years of incubating such disturbances—not by youth, but by their teachers, their preachers, their legislators and their parents. Betina Aptheker is a classical example. I'm sure Dr. Bowen does not want to listen to her.

If this generation of youth was the best educated and informed to date, as Dr. Bowen says, we would not need remedial training classes to teach them to read and spell in college. We would not need private tutoring to teach them the difference between socialism and individual responsibility. They get excessive indoctrination in the former, and very little of the latter. Their intelligence is thereby warped.

This brief observation of fact denies the assumption that each generation is better than the preceding.

When the average worker is taxed to the hilt, and millionaires pay no federal income tax through foundation "favors," one cannot say we have more equality in the law today. When judges make laws and liberate communists, rapists, and thugs to repeat their deeds, we are getting less than due process of law. We are getting tyranny and anarchy. Neither can we claim that there is more honesty in politics when our own government agencies take our tax money to pay agitators who defy the law by looting, burning and killing with relative impunity.

As to the "social victories" enumerated we have the pending misery of social-scientists planning limits on births — including sterilizations. Civil Rights laws do not make middle class citizens. Headstart programs do not improve the education of children. They are however lucrative for the ones running them. For the fictitious euphoria of oldsters on Social Security we have the misery laid on current workers who are paying for that welfare state dole. These are not victories—they are defeats of our Constitutional Republic.

Sufficient has been said despite the need of further criticism of the balance of the article. The rosy picture painted by Dr. Bowen just isn't actuality. The sooner we face up to facts and start cleaning up the mess of socialization via progressive education, Social Gospel and kakistocracy —the sooner will we again have intelligent youth with creative, industrious and rewarding ambitions to advance a priceless heritage that is now being stolen from them.

Sincerely,
A. G. BLAZEY, M.D.
7 E. Walnut St.
Washington, Ind.

To the Editor:

For general information and interest I would appreciate having the following statistics published in *The Journal.*

At the end of 1967 there were 46,347 foreign medical graduates (FMG) in the U.S. physician population. This figure and the other information given below are the latest statistics published in 1969 by the American Medical Association.

1. Of the total U.S. physician population, FMG amounted to 6.3% in 1959 and increased to 15% in 1967.

2. One of every six physicians living in the United States is a FMG.

3. For FMG only there was a 205.8% increase in population over the eight year period from 1959 to 1967.

4. Of the total 46,347 FMG, 90.7% engaged in direct patient care; 32.0% were enrolled in training programs; 3.6% were appointed to medical school faculties, and 2.9% engaged in research.

5. Female FMG accounted for 30.2% of all female physicians in the U.S.

6. 6,512 or 14.1% of the total FMG were specialty board-certified physicians.

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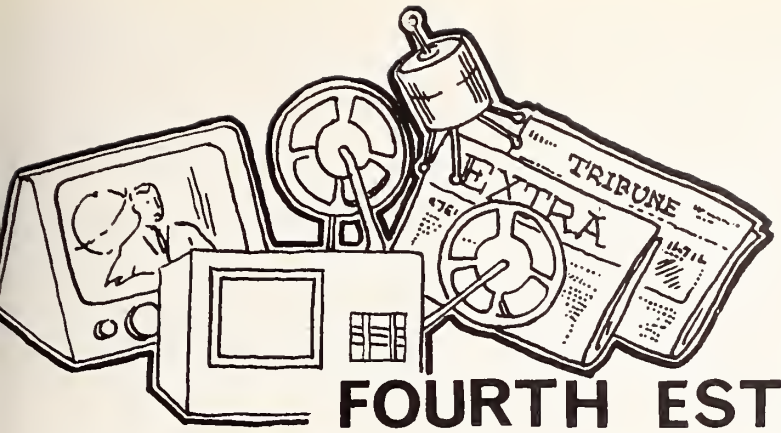

FOURTH ESTATE

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

Medical Change Said Needed

By HARLEY BIERCE

America needs new approaches to financing health care, not just revamping of existing means, a Duke University professor of medicine said here yesterday.

Dr. Eugene A. Stead Jr. was the first speaker for the Regenstrief Lecture Series at the Indiana University School of Medicine. The lectures are open to faculty members, students and other members of the medical profession.

UNIVERSAL entitlement, the predominant belief that all persons are entitled to adequate health care regardless of their circumstance, requires the new solutions, he said.

He cited several "bottlenecks" which plague the profession, hampering its ability to conquer new challenges.

These include a shortage of physicians and clinical assistants, a method of payment that is being outmoded and an uncertainty in how to develop facilities to handle health services in the future.

The easy answer to the manpower shortage is developing efficient use of the physicians through computerization or mechanization of health services.

DR. STEAD disagrees:

"The medical profession is a human system. Since physicians deal with the emotions of patients, much more than with their intellect, it becomes important that human beings, not machines, deal with illness.

"Medicine differs from other professions in that it is highly personal. The emotional satisfaction of the patient is important in getting him well and keeping him well. A physician is not free to ignore a person's feelings."

On the other hand, patients are faced with a rising cost for the individual treatment so important to recovery.

UNIVERSAL entitlement increases the number of persons who need the physician's personal attention.

The predominant method of payment today is through third parties, meaning private, industrial or governmental insurance.

"The third party system," Dr. Stead pointed out, "does not provide incentive for either the patient or physician to make costs less. That's the way the human mind works."

Here Dr. Stead said solutions must be new, they cannot come from reworking old institutions.

"A national payment plan, such as through social security, is not going to work. This is a problem that needs the attention of economists, sociologists and politicians. It needs fresh creative attention."

He said the philosophy of universal entitlement also demands "system engineering" of facilities to provide the needed kind of health service.

"**WE HAVE TO** put the buildings, the people and medical equipment in the right mix. We have to decide how much clustering in a central location is going to be done and what type of service is to be offered in outlying areas."

Formerly chairman of the department of medicine at Duke, Dr. Stead is chairman of the board of special consultants to the Regenstrief Foundation Inc., an Indiana health research and study organization.—The Indianapolis Star, Jan. 28, 1970.

Healer And Trailblazer

So vast and varied are the capacities and potentials of modern medicine, thanks to the continuous scientific explosion that produces them, that a special genius is required to extract them and convert them directly to the healing arts.

Dr. John Bamber Hickam, whose richly creative, busy and useful life was cut short this week at an untimely 55 years, had that special genius.

His contributions to medicine were nation-wide, yet our community and state gained remarkable dividends from the fact that he lived here and was professor and chairman of the Department of Medicine of the Indiana University-Purdue University at Indianapolis School of Medicine.

He headed the school's Heart Research Center, had a main role in developing an exchange of doctors and educational means between the school and Marion County General Hospital and was instrumental in conceiving an innovative and promising new medical curriculum for the school.

Dr. Hickam made notable original research contributions to the knowledge of heart and circulatory diseases and played a major role in research on space flight's effects on the human body and on the relationship between smoking and health.

One of his chief goals was the furthering of new approaches to medical education. He tirelessly di-

rected the energies in this vital activity through organizations all over the country and was in fact attending a medical education conference at Chicago when fatally stricken.

Dr. Hickam's many contributions to medical science and education are so numerous and far-reaching that only those within medical circles may appreciate them fully enough to measure the greatness of the man.

One project in the making that will incorporate much of Dr. Hickam's vision, drive and brilliance will be the $2 million combination outpatient care center and research center for health care delivery systems at Marion County General Hospital. Dr. Hickam was a director of the Regenstrief Foundation for Research and Health Care, which is planning to build the facility, and he sold the idea.

May the life of this vigorous, dedicated physician light the way for young doctors on the threshold of their careers.—*The Indianapolis Star*, Feb. 13, 1970.

Keep Med School Push Alive

The one thing Lake County can't afford to do is to allow itself to be "dealt out" of whatever plan may be made for broadened medical education in Indiana.

At first look, the reported plan to establish only in Muncie a pilot program for first year medical education away from the Indianapolis campus appears fraught with such a danger. Beurt Ser Vaas, chairman of Gov. Edgar D. Whitcomb's Commission on Medical Education, and chief sponsor of the gradual approach as a substitute for institution of one full new school, denies that that is the intent. He says that even the Lake County Medical Society leans to the view that the start in Northwest Indiana should be at the fourth year level. Reason for leaning toward Muncie for the first year pilot program, he adds, is its location in commuting distance from the Indianapolis school, a factor which would permit more frequent examination of progress.

The first thing proponents of the Lake County school should do is to insist on a very full explanation of the one-point pilot program along with other options at the hearing scheduled for Feb. 11. The second is to make sure that future plans for including our area in the expansion are spelled out insofar as is possible.

We still believe a full-fledged medical school in Lake County is the best answer. Merit of that view is sustained both by the fact that this area is the second most populous in the state and that its per capita need for doctors is most pressing. It is further backed by this area's recent solid backing of new hospital projects. However, we admit political complications to location of a medical school in any one city are such as to make immediate solution on that basis highly difficult.

If such a solution is impossible, then there is all the more need for pushing this area's claims persistently. We must make certain this area can not conceivably be "dealt out" of any alternative program which may be worked out — whether temporary or somewhat permanent.—*Gary Post-Tribune*, Jan. 14, 1970.

Good, But Can It Be Better?

Dr. John Farquhar, chairman of the Allen County Emergency Medical Services Council, has offered certain criticisms and proposals regarding the police ambulance service which have been upsetting to the City Administration which had thought it deserved credit, not criticism, for an essentially good thing.

Dr. Farquhar's suggestions, we think, are serious recommendations for the enhancement of the ambulance service. As such, they deserve serious consideration. One cannot and we will not defend the "status quo" indefinitely into the future. But defending the status quo on the basis of past practice — on the basis of public and medical acceptance, and on the basis of the record is quite another thing.

The solution for Dr. Farquhar's priority proposal for the installation of "minimal" equipment in each ambulance is obvious — provide it! The city's financial situation may be difficult, but it is not such as to preclude the expenditure of $200, or even $500, per ambulance in order to have equipment up to that required by medical consensus.

Some of Dr. Farquhar's other ideas and proposals are more difficult to apply to Fort Wayne's situation—especially the concept that the present station wagon-ambulances do not provide adequate room for emergency life-saving techniques, and that there is a need for multiple passenger ambulances. Perhaps so, but the solution here is a little less clear. Is it a need for one or two multiple passenger vehicles, or is it a need for a complete multiple passenger ambulance fleet? And could a complete multiple passenger ambulance fleet function as effectively as one which depends mainly upon one-passenger vehicles.

The general trend or thrust of Dr. Farquhar's remarks seem to be toward the improvement of medical and life-saving techniques while the patient is in transit to the hospital. The ultimate in this direction or thrust would be to take the hospital (or at least physicians and/or interns) to the patient, not the patient to the hospital. Either solution is, of course, ridiculous at a time when the hospitals cannot provide continuous medical staff. And so long as patients must be taken to the hospital, speed of transit, as well as services provided in route, will remain a factor in the survival of critically ill or injured persons.

On the issue of timeliness and speed of ambulance service, we think, the Fort Wayne ambulance service

has preserved an extraordinarily good record, and this good record can be attributed at least in part to the dual ambulance-patrol function of the vehicles presently used. It has resulted in more ambulances and more ambulance staff than otherwise would have been possible. It has meant shorter ambulance runs. Can one two-passenger ambulance get two wreck victims to the hospital quicker than two one-passenger vehicles? We rather doubt it.

As for the issue of space for resuscitation, we would question whether there are intermediate vehicles available which would provide the necessary space without losing the maneuverability and other advantages inherent in the present cars. The questions of adequate light and communications have evident solutions which are not pertinent to the issues of what vehicles are to be used or who is to staff them.

Perhaps the most cutting criticism of all was that regarding sanitation and cleanliness. If the situation is as charged, we feel certain that it is not a matter of intent or incapacity, and that it can be solved by a simple process of programming.

In the meantime, we remain of the opinion that Fort Wayne has had very good ambulance service in recent years, and that the people of the city are appreciative and proud of the officers who have provided it. If it can be improved, it should be improved. However, it should not be basically restructured without very sound, very sweeping, and very conclusive evidence that the restructuring will leave us with something better than that which we already have. —*Fort Wayne News-Sentinel*, Jan. 9, 1970.

Doctors on the Defensive

It seems that every time abuses are uncovered in health care programs, the professional societies point out that things really aren't as bad as they sound.

Typical was the reaction last week to a charge that unscrupulous doctors, dentists, druggists, nursing homes and hospitals were adding as much as $60 million a year to the cost of the Medicaid program in New York state.

Spokesmen for the medical and dental societies used phrases like "ridiculous to begin with" and "blown out of all proportion" in commenting on the report prepared by a state legislative committee.

Among the abuses cited in the report were phony medical bills for services not provided, unnecessary referrals of patients to specialists, and doctors who ordered expensive x-rays and other tests for no apparent reason.

It may be, of course, that some of the abuses cited were not really abuses at all. Or that the dollar estimates of the money wasted were somewhat exaggerated.

But it is just as likely that the abuses are even more frequent than the report showed.

Similar investigations have cast doubt on the fiscal integrity of Medicaid in a number of states.

This is not to say that the health professions are infested with cheats and gougers. They aren't.

But the taxpayers who support Medicaid have a right to know how widespread the abuses are — and what, if anything, is being done to correct them.

The outgoing president of the American Medical Association asserted last July that the medical profession is quite capable of policing itself without interference from politicians.

Fair enough. Let's see some policing.—*Evansville Courier-Press*, Dec. 28, 1969.

The 'Best' Is Not Good Enough

In view of the record, it was hardly comforting to read last week an Associated Press story indirectly quoting Dr. Andrew C. Offutt, state health commissioner, as saying the Indiana merit system was the best so far devised.

The story went on to quote Offutt as labeling as unfounded the "allegation that the classified service perpetuates the employment of incompetent people."

He placed the blame for that situation on failure of non-merit administrators to dismiss merit workers for cause. What the abbreviated story did not mention was whether Offutt, in his testimony before a legislative study committee, went on to discuss the problems which arise when these same non-merit administrators often appear to find as the principal cause of such dismissals membership in the wrong—or the "out"—political party.

The wholesale changes in Indiana state payrolls which almost always follow shifts of state administration from one party to another make Indiana's merit system almost a laughing—or crying stock.

Its principal merit on the surface is that of perpetuating the spoils system.

Maybe the kernel of the trouble lies in those non-merit administrators having too free a hand in building up their departments for partisan advantage.

If Indiana's so-called merit system is "the best" then it must be best principally for partisan politics. On the basis of getting and keeping abler men, the federal government, a number of states and a great many cities in states which, (unlike Indiana) allow home rule, do a great deal better.—*Gary Post-Tribune*, Jan. 13, 1970. ◄

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The Journal of the INDIANA STATE MEDICAL ASSOCIATION
Supervised by THE COUNCIL
Volume 63 — March 1970 — Number 3

Radioactive indium, with a half life of 1.7 hours, presents many advantages as a scanning agent.

Indium, A Versatile Scanning Agent

GONZALO T. CHUA, M.D.
*Indianapolis**

INDIUM 113m is a desirable scanning agent. The short half life of 1.7 hours, and lack of particulate emission allows the administration of a relatively high number of photons without significant radiation to the patient. The monoenergetic 390 keV gamma rays permit the use of collimators designed for Iodine[131]. It can easily be incorporated into different compounds for blood pool, placenta, lung, liver. kidney, bone and brain scanning.[1-4] Moreover, carrier-free quantities can be obtained from Tin 113 generator with a 118 day half life which lowers the cost significantly. The present report is a short clinical experience with Indium 113m in our laboratory.

For blood pool and placental scanning, we elute the Indium 113m by adding 5 ml of 0.05 N HCL to the Tin 113—Indium 113m generator.** The carrier-free indium is first tested with hemotoxylin to detect traces of Sn 113. Following the method of Stern et al., we add gelatin as a stabilizer and titrate the solution to a pH of 4. Four mCi of the resultant solution is then injected intravenously where it binds to the serum transferrin. Two to four views of the cardiac, cerebral blood pool or the placenta are scanned using a commercially available dual 8-inch crystal Ohio Nuclear rectilinear scanner. The scanning time for the cardiac blood pool is between 5-10 minutes and 20-45 minutes for placental scans. Of 50 placental scans performed, we encountered two cases of suspected inferior vena cava obstruction syndrome while the patient was being scanned in the supine position. The symptoms were relieved by turning the patients on their sides.

The following cases illustrate the importance and reliability of Indium 113m as a blood pool and placental scanning agent.

Case Reports

Case 1: Pericardial Effusion. A 69-year-old white woman was admitted to the hospital following head injury. She had puffy facies, coarse hair, slurred speech, a deep voice and dry skin, characteristic of myxedema. The patient had had a thyroidectomy 10 years prior to the present admission, and had been on thyroid medication until approximately six months before being seen here. The PBI measured 2.1 ug% and RAI uptake was 3% in 48 hours. T-3 resin was 24%. The chest roentgenogram (Figure 1A) showed enlargement of cardiac silhouette probably representing pericardial effusion. Blood pool scanning following injection of 4 mCi of Indium 113m showed an area of decreased activity between the heart and the liver indicating the presence of pericardial effusion, (Figure 1B). This was confirmed by sonar.

Case 2: Placenta Previa. A 19-year-old woman in the 35th week of her second pregnancy was admitted for continuous painless vaginal bleeding. An amniogram (Figure 2A, B) showed that the placenta was not in the fundus and was interpreted as showing a probable placenta previa. Placental scans (Figure 3A, B) demonstrated a complete placenta previa. The diagnosis was confirmed at caesarean section.

Indium 113m co-precipitated with iron hydroxide as a lung scanning agent in our laboratory is prepared by slightly modifying the original method of Stern. This is because the characteristics of the eluate of our generator differs from that which his group used and gave erratic particle size. Five ml of 0.05 N HCL eluate from Tin 113—Indium 113m generator is added to 0.1 ml of a solution containing 6 mg of 0.05 Fe CL_3 .6 H_2O/ml 0.1 N HCL (100

* From the Department of Radiology, Nuclear Medicine Section, Indiana University Medical Center, 1100 W. Michigan St., Indianapolis 46202.

** Obtained from Neisler Laboratories, Tuxedo, New York.

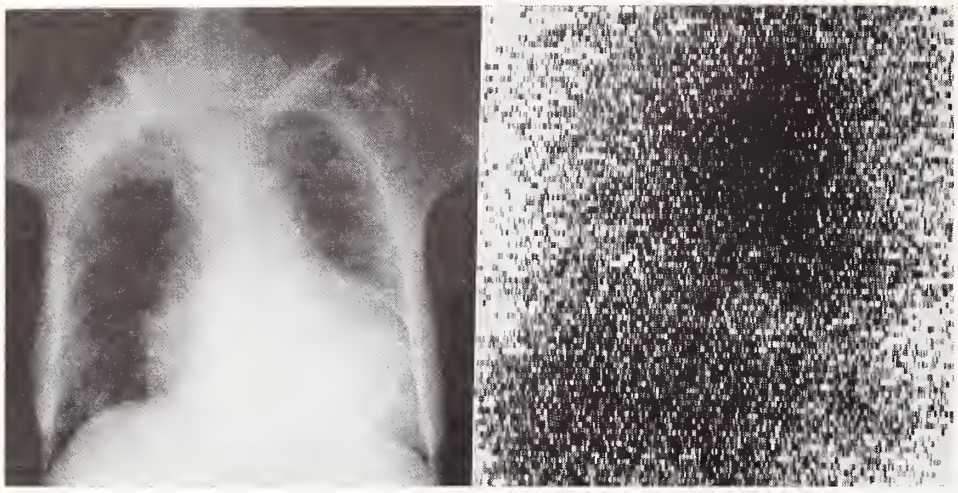


FIGURE 1A AND B

CHEST radiograph showing enlargement of cardiac silhouette suspicious of pericardial effusion.

ANTERIOR blood pool scan. Halo of decreased activity between the cardiac blood pool and liver is strongly suggestive of pericardial effusion.

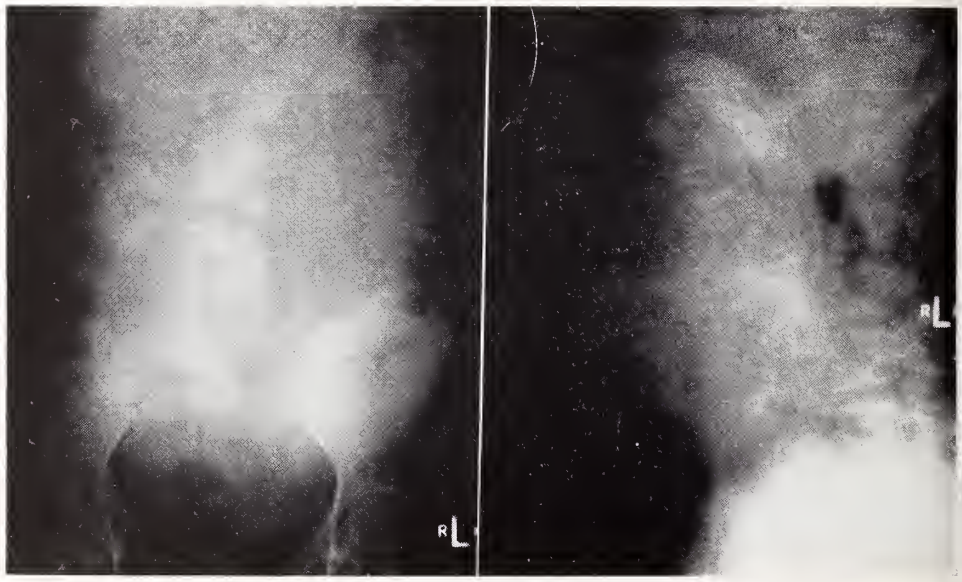


FIGURE 2A AND B

ANTERIOR and lateral views of amniogram. Placenta, not found in the fundus, was suspected to be in the pelvis.

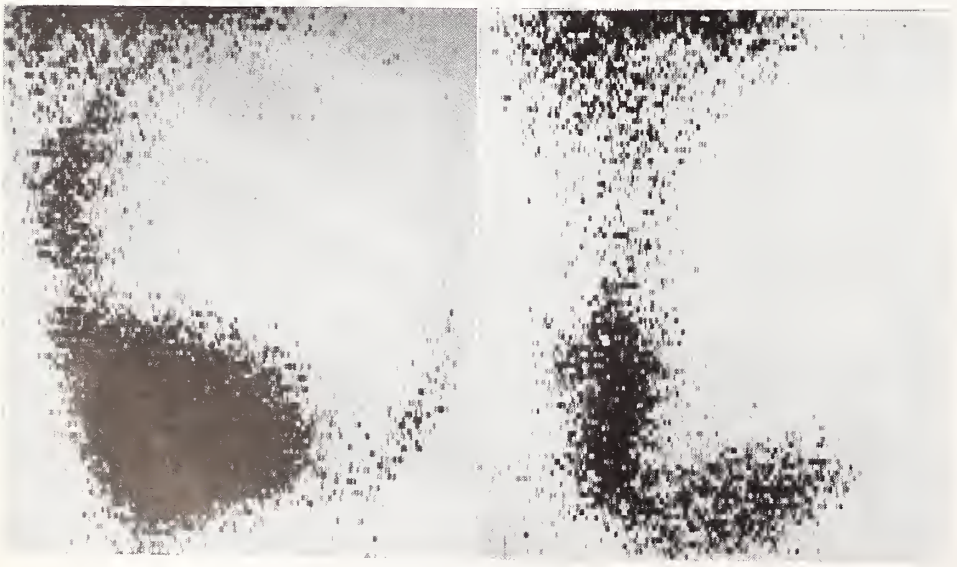


FIGURE 3A AND B

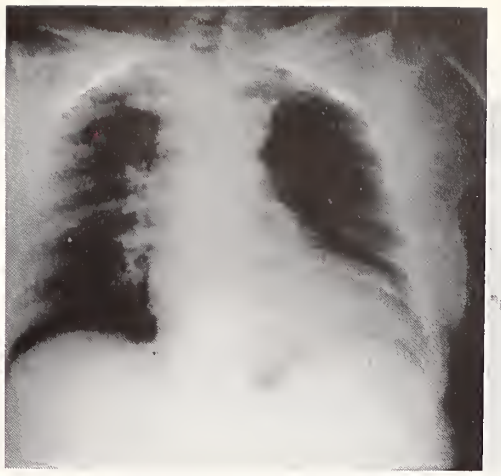
ANTERIOR and lateral views of placental scan. Placenta in the right pelvis. Complete placenta previa.

ug $Fe^{(+++)}$ and shaken vigorously. 1.0 N NaOH is then added to titrate the solution to pH 12. 0.5 ml of 120 mg/ml Na CL is subsequently added to salt out the particles. After completing the titration, 1 ml of 10% gelatin is added. The pH of the resultant solution will be about 7. This is finally autoclaved at 15 PSI for 20 minutes. The particle size of the final product ranges from 20-50 microns.

The sterile Indium 113m tagged iron hydroxide is injected intravenously with the patient supine or upright, depending upon the information desired. Four views of the lung are obtained. We have performed more than 300 lung scans since October, 1967, and have not encountered a single untoward reaction. The following case is an excellent illustration.

Case 3: Pulmonary Embolism. A 58-year-old obese female was admitted for radium insertion for Stage 1 carcinoma of the endometrium. Six hours following the removal of the radium tandem, she began to have left-sided chest pain and Kussmaul respiration. An emergency lung scan with Indium 113m was performed and the two views showed multiple focal areas of decreased perfusion throughout both lung fields (Figure 4B). An anterio-posterior chest film taken at that same time revealed hyperlucency of the left upper and right lower lung fields (Figure 4A). The lung scans were interpreted as multiple pulmonary emboli. The patient died before a pulmonary arteriogram could be performed.

At autopsy, multiple emboli in the secondary and tertiary branches of the pulmonary arteries were found bilaterally.



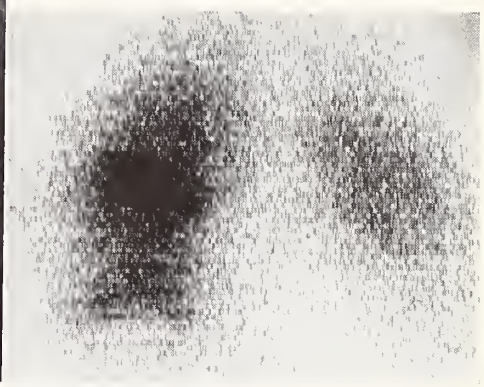


FIGURE 4A AND B
PA CHEST radiograph. Suspect hyperlucency of the left lung.

ANTERIOR lung scan. Marked decreased activity of the left lung with perfusion only in portions of left upper lobe. Multiple focal defects in the right lung suggestive of bilateral pulmonary emboli.

Summary

We have found that Indium 113m is an excellent scanning agent for blood pool, placenta and lung. The short half life, lack of particulate emission, and the high monoenergetic gamma ray provides less radiation to the patient and permits higher dosage for rates which yield more photons. It can be used with current I^{131} scanning equipment. Compounds for scanning are easy to prepare and we have not encountered any untoward reactions.

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A Pulmonary Hyperinflation Technic Utilizing O_2, CO_2, Heated Aerosol and a Bronchodilator

JACK M. KAMEN, M.D.
Gary*
YONGWOTS WONGSE SANIT, M.D.
Chicago, Ill.**

RECENT work has demonstrated the merits of rebreathing devices in the management of patients with atelectasis.

Such apparatuses as the Dale-Schwartz tube[1] and the Adler rebreathing devices[2] rely on the accumulation of the patient's CO_2 to act as the stimulus for hyperinflation. They have the merit of being inexpensive, disposable, and not requiring bulky auxiliary equipment.

Disadvantages include the following:

a. The CO_2 buildup to effective clinical stages may take several minutes.
b. The only moisture provided, except for the water present in the room atmosphere, is that present in the patient's exhaled gas and, because of cooling, is always less than saturation when measured at body temperature.
c. The concomitant administration of a bronchodilator is difficult.
d. A patient may become hypoxic if there is insufficient ventilation or supplemental oxygen is not supplied.

Carbogen, a mixture of approximately 95% O_2 and 5% CO_2, has been used as a respiratory stimulant for many years but has the disadvantages of dryness and difficulty of bronchodilator administration.

New Apparatus

The authors have recently devised an apparatus which appears to overcome these obstacles.

The purpose of this apparatus is to provide respiratory stimulation with inhalations of approximately 5% carbon dioxide and 95% oxygen and, at the same time, administer water or saline aerosol and a bronchodilator if necessary.

Basically, the device operates as follows:

A gas source consisting of 5% CO_2 — 95% O_2 is directed through an all purpose nebulizer with no air dilution (dial set on 100% if Puritan nebulizer is used).

The output of the nebulizer is directed through a long corrugated tubing to one arm of a T-piece arrangement. The second arm of the T-piece is connected to a self-powered bronchodilator nebulizer which in turn is connected to a mouthpiece. The remaining limb of the T-piece leads to a two foot segment of corrugated tubing, open at its distal end. There are no valves (Figures 1, 2, 3).

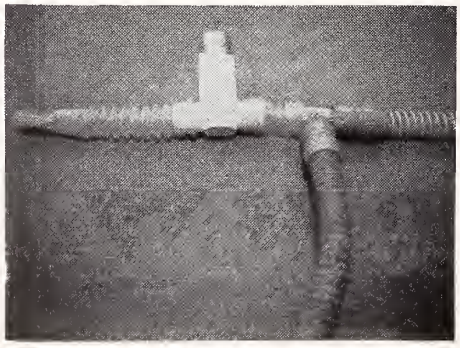

FIGURE 1
CLOSEUP of T-piece arrangement.

The reservoir or open limb of the T-piece may be varied according to the size and respiratory response of the patient. Each one foot of one inch O.D. corrugated tubing adds approximately 100 cc. of volume to the reservoir. A two foot segment is normally adequate for an average adult.

If the tidal volume should exceed the combined volume of the limb plus the nebulizer flow during inhalation, then room air may dilute the inhaled mixture. Also, if the ventilatory rate and volume are greatly increased, the reservoir limb may not have time to be completely "washed out" and refilled by the output of the nebulizer, and dead space rebreathing would then occur. This has not proven to be deleterious.

The dead space rebreathing, as described above, would occur when the minute ventilation exceeded the output of the nebulizer.

Operation and Treatment

The gas flow through the heated nebulizer is set at 12 L/M or more. A noseclip is applied to the patient and the treatment is begun by the patient firmly applying his lips around the mouthpiece (Figure 4). When deep breathing is apparent, the bronchodilator nebulizer is squeezed at the beginning of two successive inhalations. This is repeated in two to

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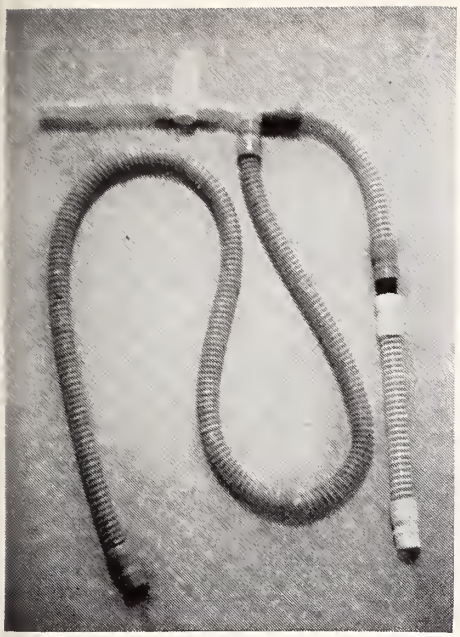

FIGURE 2
OVERALL view of setup before attachment to nebulizer.

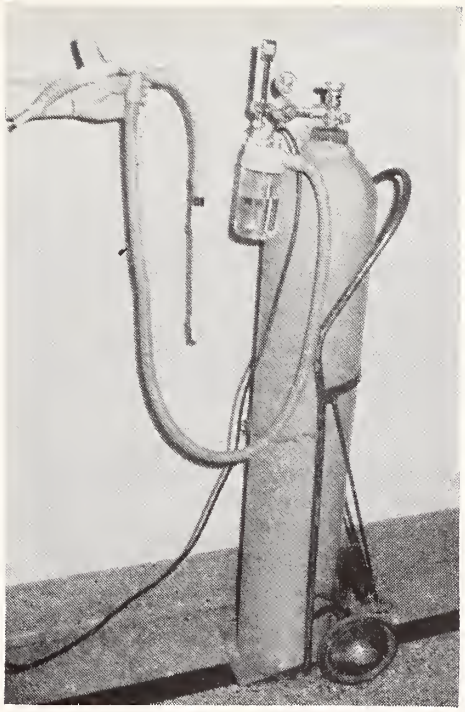

FIGURE 3
COMPLETE setup.

FIGURE 4
PATIENT receiving treatment.

three minutes. Treatment is continued for a total of *five to eight minutes* unless the patient exhibits symptoms of distress such as fast pulse, palpitations, diaphoresis, or paleness. The patient's pulse should be monitored during the course of treatment. Any irregularity of the pulse should contraindicate use of the above.

We have thus far treated 20 patients, all of whom had increased temperatures and other findings which were compatible with pulmonary atelectasis. Several were wheezing.

Although the series is small, the results have been very encouraging. In the majority of patients, elevated temperatures began to fall and the lung fields began to clear within several hours of onset of treatment. In one patient, a complete lobar atelectasis was re-expanded after two treatments and did not recur.

The only patient in which the treatments proved ineffective was, understandably, one that had a moderate pCO_2 elevation to start with. We have had no experience treating children or patients with concurrent bronchial asthma.

This device has the disadvantage of being rather bulky. This will be overcome to a large extent if an "E" tank of 100% CO_2 is used in conjunction with wall O_2. These two gases will go to preset flowmeters with an O_2 fail-safe device (CO_2 will not flow if O_2 pressure is lacking.) All the equipment needed may then be mounted on a small cart.

Further work is in progress to quantitatively measure the effectiveness of treatment, and the above is submitted only as a work in progress report.

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Replacement of potassium during thiazide therapy may be complicated by intestinal ulceration. The use of organic potassium salts administered in dilute solution greatly minimizes the risk.

Potassium Therapy and Gastrointestinal Lesions

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THE first group of thiazide diuretics was introduced into clinical use in 1957. Since increased potassium excretion is one of the effects of thiazides, potassium supplementation became a common procedure in thiazide therapy. The first of several combinations of a thiazide with potassium chloride in a single tablet was introduced in 1959. Prior to 1963, only 170 cases of primary nonspecific ulceration of the small intestine had been reported in the literature.[1] The first report that serious gastrointestinal distress was associated with KCl-thiazide therapy appeared in 1961, but received little attention.[2]

The problem became of intense interest during 1964 with reports which linked stenosing ulcers of the small bowel with potassium-thiazide therapy.[3,4] Most of the patients involved had been treated with a thiazide, often supplemented with potassium. During 1964, two pharmaceutical companies in cooperation with the Food and Drug Administration analyzed records in 488 domestic and foreign hospitals. The results revealed that of 484 patients with the characteristic type of intestinal lesion, 275 (57%) had a history of administration of either potassium, a diuretic, or both.[5] Subsequent to these early reports which linked small-bowel ulceration with potassium and/or diuretic therapy, reports of additional cases (Table I), editorials and other comments have been published.[26-33]

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Incidence of the Lesions

The incidence of potassium-induced lesions of the small bowel has been reported in several ways. Based on the total numbers of hospital records of all patients in 321 hospitals over 21 years, 211 out of 17,805,097 (1.2/100,000 patients) definitely or likely had lesions of the type associated with potassium.[30] On a different basis, 11 out of 473 patients (2.3%) who were on enteric-coated KCl administration were reported to have typical potassium-induced lesions.[3] A third way of describing incidence is from the survey of Lawrason, et al.[5] Of a total of 484 patients with typical lesions, 275 (57%) had received diuretics or KCl. However, it has been pointed out that inaccuracies of record keeping would be responsible for a lower percentage of cause-effect relationships[10] and Boley et al.[42] note in a very careful investigation of 125 patients not included in the mass survey of Lawrason, et al., that potassium ingestion was established definitely in 93% and probably in another 3%. Their conclusion was that the increase of circumferential small-bowel lesions must be attributed to enteric-coated potassium.

FDA Actions

Information linking potassium administration to small-bowel lesions resulted in FDA regulations on warnings for potassium salt preparations intended for oral ingestion by man. The warnings are not required on preparations dissolved in an adequate quantity of liquid so that the concentration of potassium is below a 20 mg/ml limit, if it is a prescription item, and if its labeling bears adequate information for use.[35] The FDA has recently proposed that all fixed combinations of diuretic and enteric-coated potassium be removed from the market. This action has been taken as a result of recommendations of NAS/NRC review panels that such combination drugs present more potential hazards than other types of potassium supplements which are available.[36]

Animal Studies

The exhaustive retrospective studies of clinical records[5] strongly indicated that the nonspecific intestinal ulcers seen in man were probably caused by enteric-coated tablets containing KCl plus a thiazide diuretic. Initial questions were raised that the ulcerations could have been caused by any or all of the ingredients of these tablets. However, the incidence of the lesions was so small that statistical methods and large numbers of case reports had to be used to establish a cause-effect relationship. Only after animal experimentation was it shown that potassium chloride alone, and not the thiazide diuretic or the enteric coating of the tablet, was responsible for the injury to the intestinal tract.

An experimental model in dogs

simulated an extreme situation in which a tablet would be entirely dissolved over a short length of intestine.[34] Tablets included enteric-coated placebos, enteric-coated KCl, various enteric-coated thiazide-potassium preparations, and thiazides alone. The tablets were fixed within the ileum or distal jejunum so that dissolution and absorption of their contents occurred within a short segment of the intestine. No pathologic changes occurred from enteric-coated placebos or thiazides alone. With the KCl or the thiazide-KCl combinations, ulcerations occurred in varying degrees in both jejunum and ileum. The prerequisite for ulceration apparently was absorption of KCl in high concentration over a short length of bowel. There was a suggestion that higher doses of KCl caused more severe ulceration.

Enteric-coated tablets which contained placebo, thiazide, KCl, and thiazide plus KCl were administered to rhesus monkeys.[37-39] Only KCl and KCl plus thiazide produced ulcerations; thiazide or enteric coats alone did not. The lesions were not consistently produced in the small intestine; sometimes the stomach, the cecum, or the colon were affected. It appeared that ulcerations usually occurred where the greatest amount of potassium chloride was released from the tablet. It became apparent that tablets with short disintegration times produced lesions in the stomach or upper intestine, while tablets with long disintegration times produced ulcerations in the lower intestinal tract. Liquid preparations containing approximately 13.5 mEq potassium per 5 ml (equivalent to 1,000 mg of KCl) were chiefly irritating to the stomach. Lesions were produced within 5 days by 1,000 or 250 mg KCl in enteric-coated tablets twice daily. However, the 250 mg dosage caused milder lesions which could not be predictably reproduced, while tablets of 100 mg were without effect. Tablet dimensions were not a factor in production of lesions.

SMALL-BOWEL LESIONS REPORTED IN POTASSIUM THERAPY

Therapy	Total Number of Cases[a]	References
Enteric-Coated KCl plus Thiazide or KCl alone	411[b]	3-24
Non-Enteric Coated K-Salts plus Thiazide	3[c]	23-25

[a]The Food and Drug Administratian has recently reviewed records of 122 cases.[52] Small-bowel lesions were found in 112 cases on thiazide-potassium enteric-coated tablets; 6 cases on diuretic plus enteric-coated potassium given separately; and 4 cases on oral diuretic withaut potassium.

[b]In 275 cases reparted by Lawrason, et al.,[5] type of diuretic was not specified; therapy was potassium, a diuretic, or both.

[c]Includes 2 cases associated with potassium gluconate and 1 case assaciated with a potassium acetate-bicarbonate-citrate mixture.

TABLE 1

When the upper ileum of dogs was partially obstructed with Teflon bands, acute mucosal ulceration resulted from administration of KCl alone or in combination with thiazides. Thiazides alone did not produce ulceration.[40]

Clinical Aspects and Gross Pathology

Lesions have appeared up to two years after discontinuing potassium administration;[19] as few as two tablets have been implicated;[7] age of patients has been as low as 2 years;[11] and lesions may be reversible in some cases.[6] Recurrent, usually postprandial, crampy abdominal pain is the most frequent symptom; this is often associated with nausea, vomiting, and intermittent distention. In severe cases, acute surgical abdomen is present. Fever, anorexia, and malaise are usually absent; laboratory findings are nonspecific except for mild eosinophilia in some cases. Radiologic examination is of little assistance in establishing a diagnosis other than if the obstruction is complete or there is a perforation. Gastrointestinal series and small-bowel follow-through may suggest a malabsorption syndrome with coarse mucosal folds and dilated loops of small intestine, but usually the proximal jejunum and terminal ileum are normal. A careful review of the case history as to previous potassium therapy may be necessary to establish diagnosis.

The ulcers are characteristically circumferential, sharply delimited, and directly over the zone of cicatricial narrowing. They are usually solitary, sometimes double, rarely multiple and are most commonly found in the lower ileum, but also in the distal jejunum. The most important distinguishing feature of the stenotic phase is a band-like encirclement of the lumen by the lesion which varies in size from several mm to several cm. In this phase, the segment of bowel proximal to the lesion is dilated approximately 1½ to 2 times and has a thickened muscularis; the distal segment is normal. The surrounding mucosa and muscularis may show varying degrees of edema, hypertrophy and hemorrhagic infiltration. The histologic picture depends upon the severity and duration of the lesions. Detailed descriptions of clinical manifestations, gross and histologic pathology, and therapy are given elsewhere.[41,42]

Pathogenesis of the Lesions

There are two main concepts concerning the mechanism by which potassium causes the lesions. The first is that potassium has a directly injurious effect on the mucosa.[3,23,43] For example, potassium chloride solution injected into the intestine in

concentrations similar to those obtained from the release of enteric-coated tablets containing potassium results in severe tonic contraction of the bowel, and an uncoated KCl tablet placed directly on the intestinal mucosa causes superficial necrosis by the time it is completely dissolved.[23] However, several types of evidence lend greater support to the second concept that the lesions are caused by an insufficiency of blood to the affected part of the intestine.

Briefly, Boley and co-workers postulate that the precipitating factor is the rapid release of potassium chloride and its absorption over a short segment of intestine.[22,34,41,42] The high concentration causes spasm or paralysis of the intramural and mesenteric vessels, predominantly veins, with slowing of blood flow and subsequent infarction of varying severity. Circumferential ulceration, either superficial or deep, or overt intestinal necrosis follows. Complete and rapid clinical recovery may follow the mildest degrees of injury. With greater damage, fibrosis with increasing stenosis produces progressive intestinal obstruction. The most severe injuries produce perforation or intraluminal hemorrhage.

Evidence in support of the hypothesis that potassium causes vascular insufficiency is from several sources.

(1) Mesenteric vascular insufficiency has been implicated as a cause of segmental ulceration and stenosis of the small bowel in conditions other than those caused by potassium.[22,44]

(2) Histologic examination of tissue taken from KCl caused lesions in man and animals indicates striking changes in mesenteric vessels, particularly arteries and veins. Sections show the lumens of vessels almost completely blocked with a thickening of surrounding tissue.[12,22,41] Other studies have not revealed mesenteric vascular changes.[3,7,23,45] Allen et al.[41] recognize this disparity in findings and discuss difficulties in examination of mesenteric tissue. They note that they have had the opportunity to study adequate sections of mesentery in man and animals.

(3) Animal studies tend to be consistent with the hypothesis that KCl may result in a local vascular insufficiency. Schwartz, et al.[22] occluded the distal veins and arteries supplying the small intestine of dogs by injection of microspheres into the small branches of the superior mesenteric vessels. They were able to reproduce the typical ulceration with stenosis and dilatation complex found in patients with intestinal ischemia. They postulated that the role of potassium in the formation of similar lesions was also primarly vascular in nature. Watson and Mark[24] ligated arteries and veins which supplied segments of the small intestine of dogs. When 5 to 7.5 cm of the small intestine was rendered ischemic, changes occurred in the bowel wall which were grossly and histologically similar to those caused by the ingestion of enteric-coated KCl. If shorter segments were rendered ischemic, collateral blood supply prevented significant changes in the bowel; if longer segments were treated, hemorrhagic infarction occurred. These observations lent further support to the contentions that vascular lesions could cause changes of this type in the bowel wall and mucosa, and that it was not necessary to postulate direct injurious effects of potassium on the mucosa to explain the pathologic picture.

Myers, et al.[53,54] have recently suggested that the etiologic factor in stenosing ulceration is not a specific toxicity of the potassium ion, but involves the effect of local salt concentration. They observed that hypertonic solutions of both NaCl and KCl produced gross and microscopic injury similar to that seen in the early stages of primary non-specific small-bowel ulceration.

Is a Pre-existing Vascular Deficiency Significant?

A high percentage of small intestinal lesions associated with potassium chloride administration are found in patients with some form of cardiovascular disease, although lesions have also occurred in a number of patients without such disease. A condition of arteriosclerosis, for example, might result in a critical reduction of blood flow to the small bowel and set the stage for focal infarction. Mansfield et al.[44] found that potassium chloride tablets introduced into the distal part of the ileum of the dog produced acute inflammatory changes and occasional ulceration of the affected bowel. When partial interruption of splanchnic blood flow was accomplished by reducing the pressure in the superior mesenteric and celiac arteries, the magnitude of these drug-induced small bowel changes was increased. The authors conclude that their observations support the clinical observations which indicate that enteric-coated potassium chloride tablets cause local inflammation or ulceration of the small bowel, and that a reduction of the local blood supply associated with vascular occlusive disease may predispose the patient to this complication. However, it must be noted that the greater incidence of lesions in cardiovascular patients may simply reflect a larger number of such patients on diuretic (and KCl) therapy. Furthermore, small intestinal ulcerations have been attributed to several causes other than vascular insufficiency or KCl administration.[20,21,44,46]

Studies on Safer Dosage Forms of Potassium

(1) *Organic vs. chloride salts of potassium.* Boley, et al.[47] compared the effects of the chloride versus the citrate and the gluconate salts of potassium using technics similar to their previous study.[34] Only minimal superficial changes were found at the intestinal sites of potassium citrate or gluconate; however, in 5 of 6 dogs

in which KCl was implanted, a gross circumferential infarction was present at the site of the salt, while all other sites of gluconate or citrate implantation were normal. These results suggest the relative safety of potassium citrate or gluconate as compared to potassium chloride and confirm clinical observations (Table I) that the organic salts of potassium are safer than KCl.

Baker, et al.[3] reported 11 cases of small bowel lesions out of an estimated 473 patients who received hydrochlorothiazide plus potassium chloride in enteric-coated preparations, but no lesions in an estimated 331 patients who received hydrochlorothiazide plus non-enteric potassium preparations, among them 31 patients who received potassium as the acetate, bicarbonate, and citrate.

Boley, et al.[47] speculate that since the underlying etiology is the rapid absorption of high concentrations of potassium over a short length of intestine, the various potassium salts may differ in their effect because of different rates of absorption. All of the potassium salts ionize almost immediately and completely, but the absorption of a cation across the intestinal wall is at least partially controlled by the rate of absorption of the respective anion. Absorption rates of ions such as gluconate (large and monovalent), or citrate (large and trivalent) are slower than that of the smaller monovalent chloride ion. The slower absorption of these organic anions would help prevent the rapid release of potassium over a short segment of intestine and diminish the concentration of potassium in the intestinal wall veins at any one time.

(2) *Enteric-coated vs. slow-release forms of KCl.* Olive baboons were given two preparations of thiazide diuretics containing KCl: one consisted of an outer coat of hydrochlorothiazide 25 mg surrounding an enteric-coated core containing 572 mg KCl; the second consisted of cyclopenthiazide 0.25 mg in the outer shell with a wax slow-release core containing 600 mg KCl.[45] The enteric-coated KCl produced lesions similar to those reported in man; the slow release form had no deleterious effects. The author suggested that the slow-release form was safer. Whether or not slow-release forms are safer is open to question since Diener et al.[37,38] indicated that gradual release tablets are more apt to release sufficient KCl in the stomach to cause gastric irritation. Furthermore, studies on release rates of various KCl preparations[48] indicate that slow release forms would tend to place the KCl in the stomach, while enteric-coated forms would tend to release their contents in the small intestine. In fact, the main reason for the development of enteric-coated tablets is to prevent release of certain types of medicines in the stomach to avoid gastric irritation and to provide rapid release in the small intestine,[49,50] although there was no evidence of sudden release and absorption of one type of enteric-coated KCl tablets.[51]

It appears that the relative safety of potassium therapy is in terms of adequate dilution such as provided by several liquid or effervescent dosage forms, particularly of organic salts of potassium.

Summary

Small-bowel lesions associated with enteric-coated KCl-thiazide preparations are caused by the KCl component of the tablets. The lesions are characteristically non-specific, circumferential, and consist of stenosis with or without ulceration. The reported incidence is approximately 1/100,000 total hospital patients; probably over 90% of patients with typical lesions have ingested potassium. Current evidence supports the primary vascular origin of the lesions and suggests that chronic vascular insufficiency predisposes the small bowel to injury by KCl. The safest dosage forms of potassium are those which have been diluted in an adequate amount of water, particularly those which contain organic potassium salts.

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The Clinical Associate: An Indiana Concept

ROBERT W. EWER, M.D.*
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A new type of medical practice explored in Indiana has helped open up the possibility of an entirely new field within the profession. It had the potential of lightening the burden of the physician by the simple expedient of relieving him of a tremendous volume of time-consuming routine. At the very least this improved his efficiency. From the patient's standpoint it appeared to speed up attention to his needs, and to assure him of adequate follow-up. The new careerist was referred to as a Clinical Associate. This term was coined by one of us (R.W.E.) in 1964 and has since been used by others.

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Clinical Associate.

The conditions and descriptions of this early exploratory effort do not necessarily represent the emerging programs of the University of Kentucky, nor of the Medical Branch of the University of Texas. Neither are they necessarily representative of the views of the Indiana University Medical Center with which one of us was affiliated (R.W.E.). Current address of two of us (R.W.E.) (T.G.K.) is the Department of Medicine, Medical Branch, University of Texas, Galveston.

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The concept of assistance for the physician from allied health professionals is not new. Laboratory technologists, surgical technicians, inhalation therapists, physiotherapists, x-ray technicians and therapists, nurses, nurses' aides, and orderlies are well-known examples found in most hospitals. Many ordinary tasks of health care are now sufficiently commonplace to be delegated to especially trained laymen who act under physician or nursing supervision. A two-year program for training such an assistant in internal medicine was explored with one pilot student.

The training program and function of the allied health graduate were conceived independently of a similar effort at Duke University that was being entertained at the same time. Quietly and without fanfare, but by no means secretly, the public, colleagues and highly qualified university physicians, a medico-legal authority, and hospital administrators were invited to observe the clinical training in Indiana. The results were reported to interested agents of the Federal Government, to several scientific meetings and task forces from Boston to San Francisco by one or more of us. Nevertheless, the original descriptive report from Indiana has been quoted but never officially published.

Rationale

A detailed description of the rationale for the Clinical Associate concept has been described by us for the State of Kentucky.[1] The original concept is given here.

The increasing demand for primary medical care in many rural and smaller communities exceeds the supply of available, well-trained physicians. Some of the smaller rural areas have no physician and many have no adequate hospital facilities. There is an increasing tendency for patients to travel by car or ambulance to a nearby regional health center for much of, if not all of, their medical care. These regional centers, at least in the Midwest, are comprised in part of hospitals and group practice clinics working cooperatively to provide modern and complete facilities that attract skilled clinicians and patients alike. More and more the specialist is called upon under these circumstances to carry many of the routine or ordinary responsibilities that once were the province of general practitioners. The specialist in internal medicine, in particular, has felt the increasing pressure to provide numerous services implicit in the practice of modern preventive medicine and in the treatment of minor illnesses. At the same time, because of his more extensive training, he is professionally obliged to carry heavy responsibility for the most seriously ill. He is relied upon by his colleagues for consultation when there are difficult problems of diagnosis and management. He must find time for continu-

ing study to maintain his competence. And usually, in the small community, there is no house staff to help him.

There is a genuine need to create a new kind of well-trained professional who can provide additional eyes, ears, hands, and senses to help the family physician, generalist, and internist in their crucial roles. This experimental program is an effort to define such a person and his training, and to explore the extent of his usefulness and effectiveness in community health care. Since this was a pilot program, its success was hopefully the forerunner of a new branch of professional training at the University of Kentucky Medical School.

Clinical Associate

The trainee and functioning graduate was called a Clinical Associate. A broad function at the community level was proposed. The Associate was to act as the agent of a qualified internist or family physicican who had access to multiple specialty practice in a hospital, or in group practice, or both. The Associate served as a director of patient traffic and as a fact-finder. Schooled in interviewing technics, the art of taking a clinical history and in physical diagnosis, he elicited complaints, recorded details of the history, and detected deviations from normal by ordinary physical examination. Interpretation of findings, verification of their authenticity, and treatment remained the responsibility of the physician. Likewise, subtleties of history and physical diagnosis based on a thorough knowledge of differential diagnosis were not proposed to be delegated. Nevertheless, much routine work was performed by the Associate allowing the physician to spend his time where it was most productive.

The Associate assisted in home and nursing care of invalids and the chronically ill. He made follow-up observations of patients who had been thoroughly studied and were known to the physician, but who were too infirm to make frequent clinic or office visits. The Associate also was to be able to perform simple procedures such as giving injections and immunizations, passing and caring for catheters, applying dressings, administering intravenous solutions, collecting blood and urine samples, giving, reading, and recording skin tests, performing pulmonary function tests, and other procedures.

In brief, the Associate was to act as an extension of the physician, constantly conferring with him. He was also to be an extension of the community health nucleus whether that nucleus was a hospital, diagnostic clinic, or a physician's office. He differed from the registered nurse inasmuch as he was skilled in eliciting a history and in conducting a physical examination. He was an observer and a fact-finder. Interpretation of facts, and decisions regarding treatment were not proposed as his province.

Trial Curriculum

The student was a high school graduate who had 30 hours of college credit before entering training. His intelligence quotient was 107. In this instance he was also a registered inhalation therapist, a background that was advantageous for an experimental student. The total length of the training program was 24 months. The first 12 months were spent at the University of Kentucky where instruction was given in certain basic and clinical sciences. The second 12 months were spent in the community with a physician preceptor.

The first quarter was designed to orient the student to the kinds of problems that patients bring to their physician. He observed the daily case presentations given by senior medical students to their instructor in the outpatient medical clinic, and attended the well baby, prenatal, venereal disease, and tuberculosis clinics. The student's role was passive for the most part, but he had an opportunity to hear the orderly presentation of clinical evidence given by medical students, and to observe interviews and examinations by skilled clinicians.

Courses in the second quarter were a mixture of undergraduate and medical school work. Lecture courses in human anatomy, three hours; human physiology, two hours; and inorganic chemistry, four hours weekly; and physiology and inorganic chemistry laboratories, two hours each weekly, were established undergraduate courses for which regular college credit was received. In addition, the usual medical school course for freshman medical students in behavioral science, a comprehensive lecture course in human behavior and psychology, was attended six hours weekly.

The third quarter consisted of three medical school courses for sophomore students and outpatient medical clinic experience. Lectures in community medicine dealt with epidemiology, vital statistics, and local, state, national, and international health care resources three hours weekly. Human growth and development, and communication and interviewing technics occupied three and two hours weekly respectively. The remaining time was spent in the outpatient medical clinics interviewing patients and observing the technics of physical diagnosis.

In the fourth quarter, the courses in community medicine and in human growth and development continued. The usual sophomore medical student course in physical diagnosis was taken for 12 to 18 hours weekly. This was a combined didactic and practical experience in which traditional physical diagnosis was correlated with pertinent physiology, pathophysiology, and laboratory diagnostic technics. In addition, eight hours per week were spent in the outpatient medical clinics. The student was then allowed two weeks for vacation and for moving to the commu-

nity where the year of preceptorship was to be served.

The Clinical Preceptorship

A multi-specialty clinic in Indiana with a staff of 30 physicians was the place of preceptorship. One physician, an internist with previous teaching experience, was directly responsible for supervision and training of the Clinical Associate. The office and examining rooms of the Associate were immediately adjacent to those of the preceptor. Private patients from Indiana, Kentucky, and Illinois were served. Most patients traveled from a maximum radius of 100 miles for care, and about 50% of them were referred by physicians in small communities.

The Associate maintained his own schedule of appointments, but the history and findings of each patient were reviewed with the preceptor and carefully recorded by the Associate using audiographic dictation. For teaching purposes, only new patients requiring a complete history and physical examination were initially interviewed by the Associate, and an average of four new patients were examined per day. Follow-up visits by his patients also were scheduled with him to assure continuity of observation. Patients with minor illnesses who appeared at the clinic without appointment were also examined by the Associate when time permitted. The variety of illnesses and numbers of patients observed without appointments nicely balance the more detailed, complete, and perhaps pedagogic new-patient interviews.

It is to be emphasized that all patients interviewed and examined by the Associate were personally observed by the preceptor in the same way that a teaching staff physician evaluates the observations of a physician intern. In addition, each record was read, and if necessary corrected, then countersigned. The Associate recorded the provisional diagnosis and listed the recommended treatment and details of each prescription given by the preceptor. If additional explanatory observations were necessary, a brief paragraph or two was dictated by the preceptor.

Letters to referring physicians summarizing history, findings, provisional diagnosis, and recommended treatment were also dictated by the Associate. These were read and approved by the preceptor before mailing, and signed by both observers under the appropriate title of each.

The Associate was not expected to make diagnoses, but accurate descriptive details of history and physical findings using accepted terminology were required. While detection of deviations from normal were of first importance, accurate description of those deviations was of next importance. No part of the usual physical examination was omitted including rectal and pelvic examinations. Proctosigmoidoscopy was not done.

The Associate was allowed to make independent observations of patients in homes, nursing homes, and the emergency room after he showed sufficient proficiency. Findings were reported to the preceptor by telephone.

Hospital privileges were obtained. The function in the hospital was essentially the same as that in the clinic. Malpractice insurance equal in amount to that of the preceptor was provided by a major insurance underwriter.

Acceptance by Patients, Physicians and Medical Students

Acceptance by patients was excellent, and they were impressed by the time and attention to detail given by the examiners. The author is not aware of any instance in which a patient believed that the Associate was a physician. Instead of the traditional white clinical coat worn by staff physicians, the Associate wore a grey coat and a conspicuous name plate. He used the title "Mister," and identified himself as his preceptor's Clinical Associate.

Acceptance by physicians, nurses, technical and lay staff, numbering 130 persons, was good. There are several reasons for this. First, the need for such personnel had been recognized for several years and members of the clinic staff had not only personally felt the increasing demand for medical care but also had difficulty recruiting adequate numbers of highly qualified internists. They were thus inclined to be more sympathetic to the concept. Secondly, there were at least 18 months of preparatory discussion of the project before the Associate appeared in the community environment. By this time many, but not all, apprehensions had been allayed.

Some of the more vociferous arguments against the program came from physicians who had relied upon technical staff in their own work for years. It was necessary to remind an ophthalmologist that he did not grind his own prescription lenses, and a radiologist that he himself took only a small portion of his x-rays, developed none of them, and delegated execution of potentially harmful therapeutic radiology to x-ray therapists. Critical surgeons had already invited high school graduates with one year of technical training into their operating room as "scrub technicians." Clinical pathologists rarely performed routine laboratory tests personally, and even more important, were rarely responsible for interpretation of the results. Pointing out double standard thinking to some physicians helped to persuade the rationality of technical assistance for the internist-teacher-preceptor involved.

Medical students at the University of Kentucky regarded the Associate as a lesser person. Most would not eat lunch with him, include him in their discussions of class activities, accept him as a laboratory partner, or share a patient with him in physical diagnosis. None ventured friendship with him. This is in contrast to the warm acceptance by patients and

the clinical proficiency of the Associate. It is also in contrast to the reaction of medical students after his training was completed.

Clinical Proficiency

In the author's opinion, the Associate is now functioning with the proficiency of the average intern in regard to eliciting a reliable history and doing a thorough physical examination. Such casual evaluation needs careful documentation, and a comparison of performance with medical students, interns, and practicing physicians should be a subject for another report, but in retrospect, the effort is unnecessary.

Concluding Comments

This work has demonstrated to our satisfaction that an intelligent and well-motivated layman can be taught in two years to be a valuable assistant to the practicing physician. Quality of patient care and of medical records may indeed be enhanced by the interplay of observations between the Associate and the supervising physician. The basic and clinical science training described here, while not necessarily ideal, was selected from existing courses at the University of Kentucky and was not created anew. Nevertheless, the training was adequate preparation for preceptorship. The medical school courses were not too difficult to be of value, but special courses are being arranged for the future.

It was during the preceptorship that the student blossomed into an intuitive interviewer and examiner. The experience with patients exceeded that ordinarily enjoyed by medical students. The Clinical Associate focused his full time and attention on learning the art of physical diagnosis, undistracted by the many other disciplines required of medical students.

The role of the Clinical Associate need not necessarily be restricted to the conditions of the Indiana-Kentucky experiment. He could serve any group of physicians sharing an office suite or a single physician with a large practice. His potential value in the emergency room, in intensive care and coronary care units, in public health, in intermediate care and home care units, and in other specialities is appreciated.

Intelligence, aptitude, and a sense of human compassion transcends the relatively small community of medical students and physicians. A vast reservoir for future careerists exists in medical corpsmen discharged from the armed services, medical students who cannot adapt to the bristling academic pace, bright college students who enjoy the health sciences but are discouraged by the long road to the M.D. degree, youths who have served in the Peace Corps, and many others.

At this point, both the clinical preceptor and Clinical Associate were invited to join the staff of the Medical Branch of the University of Texas in Galveston. Several interesting observations may be made. First, there were no adverse reactions from medical students, house officers, or faculty regarding the training or competence of the trainee. Medical students openly expressed their desire for the clinical experience of the Associate. Special effort was made for the Clinical Associate to work with nearly all members of the faculty of medicine to demonstrate that prolonged preceptorship with a single physician did not lead to rigidity of his opinions or performance. The faculty-Clinical Associate cooperation was not only warmly professional, but it enhanced the career of the Associate. His background as an inhalation therapist was used for original and advanced work in cardiopulmonary diseases, in addition to his usual work in general medicine.

From here, the concept has branched in two directions. One is a two-year program of training sought by the University of Kentucky.[1] The second is a core curriculum for several allied health professions that may lead to the bachelor of science degree in one of several fields, including the Clinical Associate program.

Since these early and successful efforts were initiated, 43 similar emerging programs have been listed throughout the United States. A review of all of these efforts is beyond the scope of this presentation, and the limited bibliography in no way reflects lack of appreciation of the contributions made by the dedicated efforts of others in this new area of health care.

Acknowledgement

The stimulating exchange of ideas with Dr. Edmund Pellegrino encouraged this study. We are indebted to Dr. William Willard, vice president of the University of Kentucky, for his loyal cooperation in arranging the basic and clinical science training. We thank our professional colleagues and the administrative, nursing, technical and lay staff for the freedom given to us to explore new pathways in a very conservative community. Especially we thank our Clinical Associate (T. G. K.), hoping there will be many more skilled and faithful young men like him.

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The Case of the Cor Colossale

ARNOLD LIEBERMAN, M.D.
New York, N.Y.

A kilo heart in a forty kilo woman is huge by any standard. Still, by itself, this statistic would elicit only casual comment. Hearts, even so gigantic, are not really a rarity; unfortunately, they are all too common.

Eva Vega had the misfortune of having a progressing cardiac disability that worsened just ahead of the burgeoning technics that could have helped her. When she came to the States asking for treatment—there was a remedy—"in the works." As she became more ill and again applied for help—"we can now correct your original trouble but not its present aggravated form!" Not once but *four* times was she to hear this recurring refrain. After the last rebuff—just as she was in the process of being accepted on the list of those awaiting a heart transplant—her life ended from really unrelated causes.

History is full of people with the right idea: too soon. How often does a Martin Luther or a Lenin come on stage precisely on cue? Who now remembers the fact that Albert Einstein had to wait some 30 years before having derided relativity transmuted into the tap root of the Atomic Age? Had Eva's cardiac lesions progressed at a pace ten years slower: but, then the essence of her tale is a stark Greek tragedy—the termination immutably predestined by the gods at its very inception!

Eva was born to a Ladino family in Guatemala, in the wilderness almost on the disputed boundary with British Honduras. In fact, her parents could have opted for British citizenship; the year being 1921, they did not. The United Fruit Company made very profitable deals with them; their 500 acres were planted solidly with bananas.*

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* The ethnology of Central America confuses even the experts. The Encyclopedia Britannica states that the population of Guatemala is, "5% pure white" and the rest, "a mixture of Indians, mestizos, negroes and Amerindians." Thus, (the Encyclopedia goes on) the bulk of the people is divided into the one-half that clings to their time out of mind, Indian languages and customs and the other one-half that has become "Ladino'ized," i.e., Europeanized in speech and dress.

We might note here that the term, Ladino, applies equally to the descendants of the Spanish Anusim, Marranos (forcibly Christianized Jews), and to their mestizo offspring. Today, there is a very large, dark-skinned, Western Hemisphere community professing Judaism. I believe that New York City alone numbers them in six figures.

Now as to the "5% pure white." There is good evidence that pre-historic Spain was peopled by Hamitic intruders from Africa. Without question, the Carthaginian colonizers were a Semitic people. After the era of Greek colonization and Roman Conquest, there ensued the lengthy period of Gothic occupation. These *Visigoths* were pagans who appear in our history books as nomads of the Ukrainian steppes. They invaded the fading Roman Empire and were converted to *Arian* Christianity. Please, do *not* confuse this termin with the altogether different (even if pronounced exactly the same) word, ARYAN.

About 600 A.D., these Visigoths were converted to Roman Catholicism. This did not save them from the Muslim, Arab invasion in the next century. Starting in 711 A.D., these Tarik led Semites over-ran most of the Iberian peninsula creating "Moorish Spain." Almost one-half a millenium later, Columbus discovered America just about the same time that Ferdinand and Isabella completed the reconquest of Spain for Christianity. The Inquisition made the peninsula less than congenial for the Moriscos and Marranos.

Today, practically all of the land-owning aristocracy of what was Spanish America is fiercely proud of its Catholic, "pure white," Castilian ancestry . . . . A class distinction it certainly is; its validity is another matter entirely.

Eva's parents were practicing Jews even if the scarcity of co-religionists and the absence of a synagogue made matters difficult, indeed. Also, their remoteness from the nearest centers (such as Belize or Puerto Barrio) made good medical care not readily available even for the affluent; the wretched campesinos had nothing to assuage either their hunger or disease.

Eva had a vague recall of occasional visits by circuit riding medicos; absence of roads made even the shortest distance a time consuming, hazardous trip. Basically, neither she nor her brother recalled having had any serious diseases. The entire family escaped acquiring malaria, intestinal parasites and other serious, tropical illnesses. Eva did recall having had a "very severe" sore throat when she was 13. In retrospect, this might have been a strep throat or scarlet fever. She recovered without having had an el medico in attendance.

Murmuring Myocardium

At age 18, Eva journeyed to Guatemala City; she was to finish her high school stint and then enter the storied, ancient San Carlos University. It was at that time that she first learned that she had "some heart murmurs." As Eva had no symptoms, she did not pursue the statement further.

The convulsions initiated by World War II were just beginning. Eva immersed herself totally into the life of the seething young intelligentsia probing for instant answers. She married a fellow student rebel—that is how she acquired the name Vega, and became a Roman Catholic. During her pregnancy, Eva was told that "the leaky heart valves" were bad; her delivery was uneventful. She kept up the life of a fiery social activist.

Such names as Arevalo, Arbenz, Armas and such do not embellish our tale. I was to learn that Mr. Allen Dulles (of the C.I.A.) had been president of the United Fruit Co.—the giant concern overshadowing all Central America. In one of those ever-recurring, Latin American "Violencias," a grenade was tossed into Eva's apartment, killing her husband and young child. She herself was colandered by the fragments but, somehow, was one of the lucky ones brought to the Guatemala City General Hospital.

Somehow she survived the surgical shock and the agony of her long, lonely convalescence. It was at this time that she learned that her "rheumatic heart disease" was mainly a leaking aortic valve. Also, there was debate about her "toxic goiter." The experts concurred in thyroid ablation. She had the unequivocal recall that 21 millicuries of ^{131}I were used.

In 1954 (at the ripe old age of 33), Eva had the first of her many bouts of congestive heart failure. She was digitalized and wrung dry via standard methods. The parents, whom she had disowned as "bourgeois imperialists" the decade before, took the ailing widow back into their home. Eva retained her Catholicism "as a memorial to her dead husband and child."

On May 8, 1953, Dr. J. H. Gibbon performed the first successful human, heart-lung shunt operation.* Inevitably, the news reached the furthest backwaters of even Guatemala. Eva was aware of her prognosis. She had been told, quite bluntly, that her heart would continue to enlarge to the limit: then quit. Also, she had been informed that patients with aortic regurgitation are apt to do well until almost the last possible day.

Eva's brother had moved to New York City the year before. He had acquired a fine job and lived in an excellent apartment. Eva's parents financed her trip to the States. The brother escorted her to a very famous cardiac clinic. The record now begins to be available; we do not have to depend on Eva's recall.

Calamitous Cardiopathy

The aortic regurgitation was tremendous; the leaflets just had ceased to function. Facilities for doing a plastic restoration "were in the works." The technics were being developed; the simplest of open heart repairs such as closure of septal defects were "beginning to have occasional successes."

The clinic record is explicit on Eva's hypothyroidism; the PBI was a mere 0.6 micrograms; the thyroid ablation had been too successful. She was place on thyroid extract one-half grain OD; later this was raised to triple the initial amount.

In 1957, Eva began to suffer from exsanguinating bouts of meno- and metrorrhagia. Multiple fibroids plus intrauterine polyps were found. The consultants decided that, ineluctably, major pelvic surgery was a must. She survived the procedure even though she had suffered a sudden cardiac arrest; a single electric shock had restarted the heart. Maybe, that is why they did not take the time to remove the ovaries! More on that later!

In 1961, Eva had a bout of beginning congestive heart failure. It was noted that the patient had ascribed her dyspnea and palpitation to the thyroid extract; this motivated her to stop taking that medicament. Not only did she have the CHF but she also developed a severe mental depression. This last may have been aggravated by her having been told that "while surgery on the destroyed valves would not do any good . . . a complete valve replacement would be just the thing . . . it was in the works. . . ."

Eva was on the psychiatric ward for almost a year. Gradually, she recovered on medication and analysis alone; of course, shock had been out of the question. Instead of an outright discharge, she was transferred to a chronic care facility. On admis-

* "Development of the Artificial Heart and Lung Extracorporeal Blood Circuit," John H. Gibbon, Jr., *JAMA*, 11/25/68, Vol. 206, #9, Pp. 1983-86. See also the colored picture on cover of *Med. World News* 11/22/68, vol. 9, #47.

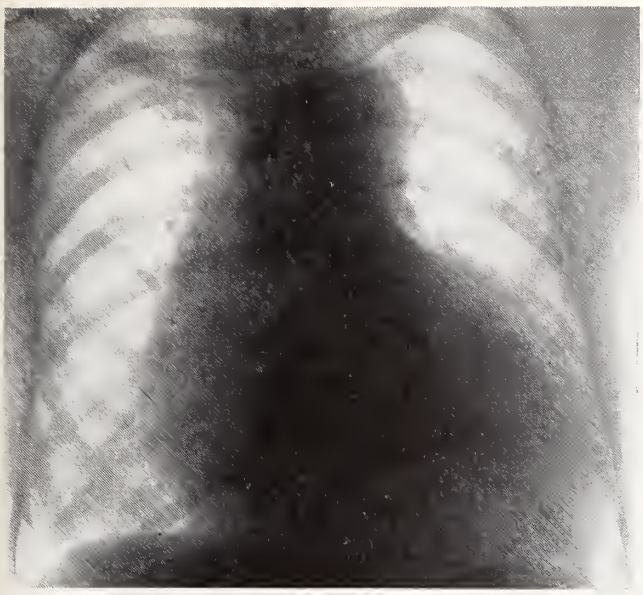

FIGURE 1

sion in 1963, the patient was described as "slender, 5 ft. tall, weighing 98 pounds; BP 120/50; pulse 88/m.; fine moist rales in both bases . . . . Heart maximal impulse visible in 7th left intercostal space . . . prominent apical heave . . . grade IV blowing protodiastolic and systolic murmurs over the aortic area radiating to the neck."

Cor Colossale

Just about this time, the valve prostheses began to be used with an ever increasing percent of satisfactory results. Eva pleaded to be considered for this operation. On 1/10/66, she went to the cardiac service of the most prestigious New York institution. A cineradiogram revealed the grade four aortic insufficiency plus the increasing mitral valve damage. The *COR COLOSSALE* drew comment. Pulmonary function was sharply diminished: the enormous heart was preventing adequate lung expansion. A routine IVP revealed hydronephrosis "probably by compression of the ureters by an ovarian cyst." Still, the surgeons were willing to disregard this phenomenon and proceed with the open heart surgery regardless of the additional risk.

However, fate decreed otherwise. The night before the scheduled surgery, the huge ovarian cyst twisted: a midnight emergency was precipitated. The laparotomy was successful —eventually. Eva had an abdominal hemorrhage all but impossible of control! *Twice* during the long operation she suffered cardiac arrest; respiratory arrest, once. She was brought back to the living; now, the cardiac surgeons decided to postpone their stint "for, at least, a year."

It was my privilege to observe Eva's further progression. The near disasters with the laparotomy left her understandably apprehensive. However, with multiple personal interviews and adjusted dosages of tranquilizers, we were successful in calming her completely. She became remarkably self-sufficient. A male patient from another ward started visiting her daily—almost, he became a sort of suitor.

Eva was scrupulously neat about herself. She took up needle point; when that man came sparking around, she started playing the guitar. In the spring of 1968, we took another chest x-ray (Figure 1). The cardio-thoracic ratio was an incredible 18/24! No wonder her pulmonary function was now down to only 40% of normal. In that tiny chest, the lungs were all but crowded out by the colossal heart. The E.K.G. (Figure 2) tells its own story.

The initial heart transplants were just feeding the headlines around the world. Eva started asking probing questions. She realized only too well that—for her—it was too late for cardiac prostheses. A new heart was her only hope for any longevity. Plans were projected; arrangements were being finalized to have her enter the service of the N.Y. surgeon experimenting with this procedure.

Enigmatic Eidolon?

However, Eva's evil horoscope, her Mazal, did not relent. In July we had a truly horrible spell of muggy heat, the thermometer hovering around the 100 degree F. mark. Still, the patients had not been going outside and the hospital corridors did not seem to be too stifling. On the third day of the heat siege, Eva's rectal temperature was recorded at 101. This did not seem too bad; however, her safety margin being nil, I went over her carefully. She had no complaints; there were no abnormal findings; routine laboratory studies were totally normal. Remembering the history of cardiac arrests, I ordered an extra pronestyl tablet and started her on oral salt tablets. She was enjoined "to push fluids freely." Late in the afternoon, I saw her again. The temperature was only 100°F. rectally; she seemed unchanged. I had thought of ordering cold compresses as a precautionary measure vis-a-vis a possible heat exhaustion—I didn't.

She ate her supper and went to bed normally. At about 3 A.M., she awakened and called the nurse. The rectal temperature was recorded as 107 . . . . The resident was called stat; he responded immediately. He recorded blood pressure 190/60; heart rate regular at 120/m; respirations at 30/m.. Her color was good but she seemed "almost nonresponsive." Enroute to the intensive care unit, sudden cardiac arrest occurred. All therapy, including electric shock, was to no avail!

The autopsy report is before me. It is wordy in direct proportion to its vagueness—an all too common evil. "Heat stroke"—on the basis of that

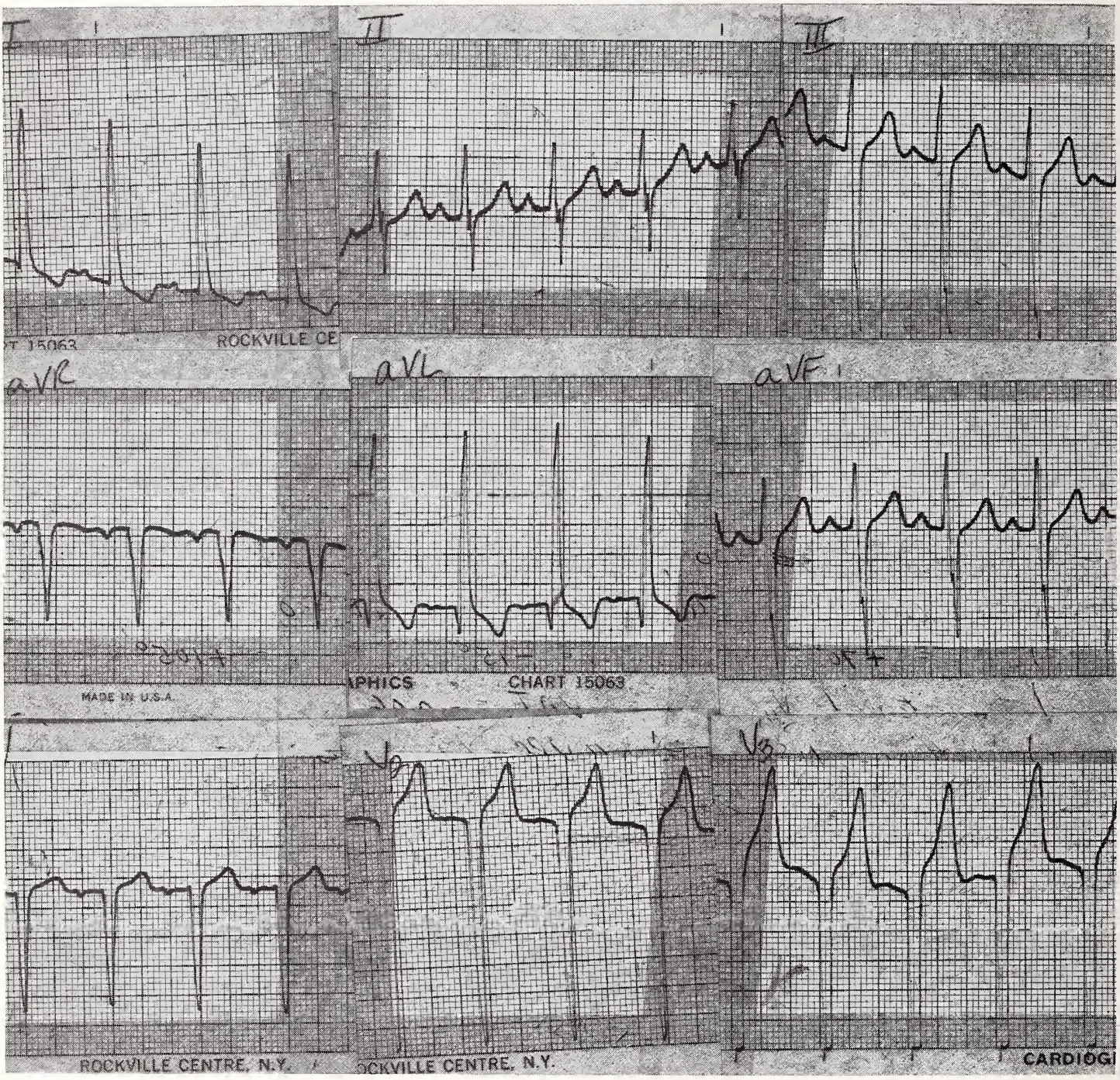

FIGURE 2

one questionable reading? Well, maybe, but certainly not proven. The COR COLOSSALE—nothing new in the knowledge of the one kilogram heart; we were only too well aware of *that*. The aortic valve measured 8.5 cm. and proved to have been bicuspid originally. This was instructive in view of the graver prognosis that goes with this congenital anomaly.

Astonishing—at least to me—was "myocardium is unremarkable . . . no thrombi or congenital defects seen . . . the coronaries are all patent . . . the aorta and large arteries show only a mild atheromatosis." The adrenals "unremarkable." Kidneys, ditto; brain, no pathology demonstrated. The thyroid could not be found. In the mediastinum, a 50 gm. thymus was uncovered. And so on, etc. etc. . . .

Whatever the basic physicochemical etiology, Eva had died suddenly while still middle-aged. She had been spared the ordeal of a protracted terminal agony. The microstructure of the myofibrils had failed for reasons still inexplicable to our best brains. Someday—soon, I hope—the etiology of the mechanism will be revealed.

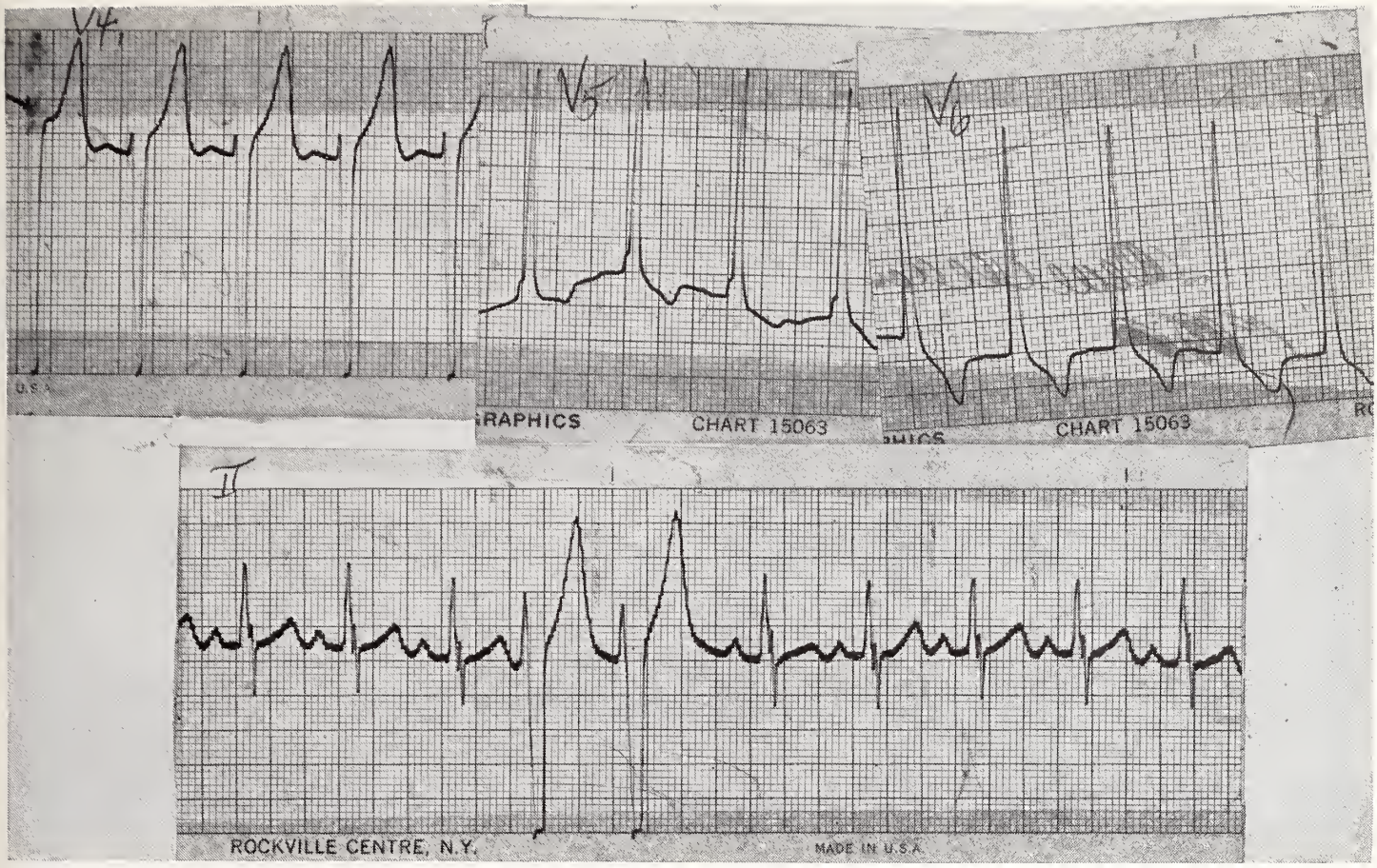

FIGURE 2

I had developed a genuine affection for this rather charming patient of mine. For the reasons already outlined, I had seen her daily; I think I had acquired some insight into her psyche. The woman had become obsessed with a deep, fatalistic sense of having sinned beyond redemption; God was punishing her for many things: repudiation of her family, the renunciation of her ancestors by her conversion to Catholicism, etc., etc.. Was not that random grenade tossed into her home by the drunken soldiers—killing her husband and child—still another aspect of God's unrelenting wrath? Were not her besetting cardiac ills further manifestations of the vengeful furies?

Rather than spin out the tale further, let us put the final period right here! ◀

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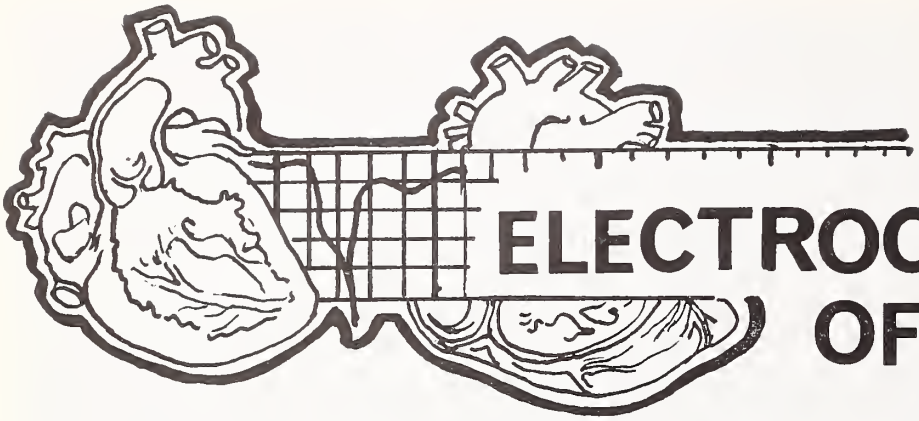

ELECTROCARDIOGRAM OF THE MONTH

Myocardial Infarction: Nonparoxysmal Junctional (A-V Nodal) Tachycardia (NPJT)

CHARLES FISCH, M.D.
*Indianapolis**

NPJT represents an acceleration of the junction to a point at which the lower pacemaker controls the ventricles. The atria may, in the minority of cases, be activated in a retrograde fashion by the junction, but in the majority of instances the atria are under the control of an independent atrial pacemaker. The latter may be sinus, atrial tachycardia, flutter or fibrillation. NPJT differs from the paroxysmal variety by being slower (rates 70-130) appearing gradually and waning gradually, nearly always representing a pathological situation. Clinically, NPJT is seen with digitalis intoxication, inferior myocardial infarctions, following open heart surgery and occasionally with myocarditis.

Its recognition as a complication of myocardial infarction is important because of an excellent prognosis and the fact that it is occasionally confused with a high degree of A-V block.

The accompanying figure, taken from a patient with an acute inferior infarction, demonstrates a perfectly regular ventricular (QRS) rate of about 75 and a somewhat faster atrial (P) rate. There is a lack of any temporal relationship between the P and QRS. In other words, an A-V dissociation is present. The QRS is normal in appearance and duration, thus originates above the bifurcation of the bundle of His (in the junction). A degree of A-V conduction delay must be present, otherwise some of the P waves would conduct. This however is not a complete, third degree heart block, which is manifest by a slow (30+) rate per minute. The A-V dissociation in this case is furthered by an accelerated junction in the presence of some depression of A-V conduction. ◄

* From the Krannert Institute of Cardiology, Marion County General Hospital and the Department of Medicine, Indiana University School of Medicine, Indianapolis 46202.

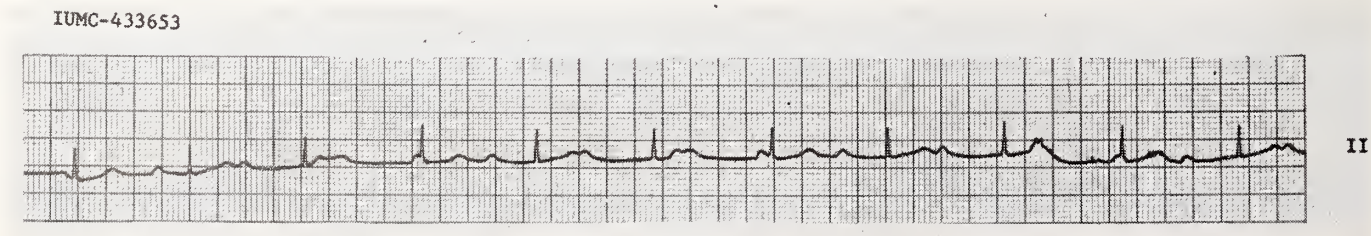

FIGURE 1
NONPAROXYSMAL junctional tachycardia complicating inferior myocardial infarction (for details, see text).

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Superior Vena Cava Syndrome

*ERICH K. LANG, M.D.**
Shreveport, La.

THIS 52-year-old white male was referred for assessment and treatment of a superior vena cava syndrome.

The patient gave a 30-year history of pulmonary tuberculosis with at least four documented episodes of re-exacerbations. Prolonged chemotherapeutic management failed to effect closure and obliteration of a cavitary lesion in the left upper lobe during his last admission and a left upper lobectomy and thoracoplasty had to be performed. Since then the patient had been admitted on several occasions for complaints referable to the urinary tract, first thought to be upper urinary tract tuberculosis. However, medial displacement of both ureters was demonstrated on intravenous urograms and suggested retroperitoneal collagenosis. The diagnosis was confirmed by surgical exploration and both ureters were intraperitonealized. After this procedure the patient had no further difficulty with his urinary tract.

Physical examination at the time of admission revealed typical venous congestion and edema of the upper extremities and head and neck area suggesting the diagnosis of a superior vena cava syndrome.

A venogram via the right basilic vein demonstrated a complete block of the axillary and subclavian vein and massive collateral flow into the veins of the anterior and posterior chest wall draining to the azygos system (Figure 1). There was also collateral flow via neck veins to the contralateral side. Mediastinal shift to the left and a concentric compression of the tracheal air shadow at the level of the thoracic inlet were noted. A definite mass in the thoracic inlet area, however, was not appreciated. The diagnosis of a superior vena cava syndrome of undetermined etiology was made on basis of this examination.

Surgical exploration demonstrated encasement of all structures in the thoracic inlet by what appeared to be collagenous tissue. Biopsy confirmed the diagnosis of collagenosis.

Discussion

Retroperitoneal and mediastinal collagenosis has been reported with increasing frequency in the recent literature. Retroperitoneal collagenosis will usually cause upper urinary tract symptoms. The diagnosis is suggested on basis of characteristic medial displacement of the ureters on

FIGURE 1
A venogram via the right basilic vein demonstrates complete obliteration of the right axillary and subclavian vein and lack of opacification of the superior vena cava. Note collateral veins of the anterior and posterior chest wall to the azygos system. There is evidence of concentric compression of the tracheal air shadow at the level of the thoracic inlet.

* Professor and Chairman, Department of Radiology, Louisiana State University School of Medicine in Shreveport, Shreveport, La.

intravenous urograms simulating a so-called "H" configuration. Obstruction by encasement of the ureters may not infrequently result. The diagnosis is enhanced by retroperitoneal gas studies demonstrating a characteristic sheath-like dissection pattern delineating collagenous masses contained within tissue septa. The etiology of this entity remains obscure. Occasionally, the history of Sansert ingestion for a prolonged period of time has been obtained and collagenosis has been attributed to this drug.

Mediastinal collagenosis is a rare entity usually presenting with symptoms of superior vena cava obstruction. The entity is indistinguishable on basis of clinical symptomatology or laboratory and roentgenographic findings from mediastinal tumors causing obstruction of the superior vena cava. In at least two instances, we noted a concentric compression of the tracheal air shadow which was proven by surgical exploration to be caused by encasement of the trachea by collagenous material. The resulting "scabbard" deformity of the trachea might be diagnostic of this entity, however, the validity of this finding should be documented by a larger series. Exploration of the mediastinum and decompression of the superior vena cava and trachea should be performed as a life-saving and, in our experience, permanently corrective procedure. ◄

The treatment of

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NEW CLINICAL STUDY

in the American male is complex.
The concept of chemotherapy plus the physician's psychological support is confirmed as effective therapy.

The Treatment of Impotence with Methyltestosterone Thyroid (100 patients—Double Blind Study) T. Jakobovits Fertility and Sterility, January 1970 Official Journal of the American Fertility Society

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Double-Blind Study and Type of Patient: 100 patients suffering from undifferentiated impotence. Examination revealed the patients were within the average range of 17-Ketosteroid excretion and protein bound iodine. Except for fatigue in some patients all were in good health. Study was for one month in duration. Each patient received one tablet 3 times daily.

Results: Of the patients receiving the active medication (Android) a favourable response was seen in 78%. This compares with 40% with those on placebo. 80% of the patients treated with the active ingredients showed relief in fatigue compared with 42% of those receiving the placebo. Although psychotherapy is indicated in patients suffering from functional impotence the concomitant role of chemotherapy (Android) cannot be disputed.

Contraindications—Methyltestosterone is not to be used in malignancy of reproductive organs in male, coronary heart disease. Thyroid is not to be used in heart disease, hypertension unless the metabolic rate is low.

References: 1. **Montesano, P., and Evangelista, I.** Methyltestosterone-thyroid treatment of sexual impotence. Clin Med 12:69, 1966. 2. **Dublin, M. F.** Treatment of impotence with methyltestosterone-thyroid compound. West Med 5:67, 1964. 3. **Titeff, A. S.** Methyltestosterone-thyroid in treating impotence. Gen Prac 25:6, 1962. 4. **Hellman, L., Bradlow, H. L., Zumoff, B., Fukushima, D. K., and Gallagher, T. F.** Thyroid-androgen interrelations and the hypocholesteremic effect of androsterone. J Clin Endocr 19:936, 1959. 5. **Farris, E. J., and Colton, S. W.** Effects of L-thyroxine and liothyronine on spermatogenesis. J Urol 79:863, 1958. 6. **Osol, A., and Farrar, G. E.** United States Dispensatory (ed. 25). Lippincott, Philadelphia, 1955, p. 1432. 7. **Wershub, L. P.** Sexual Impotence in the Male. Thomas, Springfield, Ill., 1959, pp. 79-99.

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What's New?

J. T. Posey Company is marketing a new type of wrist or ankle restraint. Firm but gentle restraint is provided by a well-padded band which fastens around the wrist or ankle with the Velcro locking device. The straps, to which the bands are fastened, are of heavy webbing with rust-resistant friction-type buckles.

* * *

Mead Johnson announces a new cough and cold product, Trind-DM. It is a pleasant tasting, fruit-flavored formulation with the same formula as Trind Syrup but with the addition of dextromethorphan hydrobromide as a cough suppressant. It is designed to relieve nasal congestion, simple headache, minor aches and pains, and helps to control cough.

* * *

A catalog of supplies and instructions for a large variety of hobbyists is provided by Kay-Kraft Mills of Vincennes, Indiana. The 1969 *Handbook & Catalog* has just been issued. The 128-page book covers information on woodworking, carving, ceramic work, and other home crafts and offers a huge variety of supplies relating to these crafts for sale. The *Handbook & Catalog* sells for $1.00, which is refunded when the first order amounts to at least $10.00. Address Kay-Kraft Mills, 602 N. First St., Vincennes, Indiana 47591.

* * *

"Eat, Drink, Be Merry, and Live Longer" by Harry J. Johnson, M.D., has been recently published by Doubleday. Dr. Johnson's thesis is that if people are in good health at the age of forty and can manage to stay that way they will be in good health in their old age. His advice in regard to diet, rest, leisure, exercise and smoking is designed to help out. Dr. Johnson has been the chairman of the Medical Board of the Life Extension Institute and should be qualified to offer advice. His book sells for $5.95.

* * *

Baxter Laboratories has a new slim-line Foley catheter. It has a smooth tip and no balloon-area bulge; also no striations or ribs to make insertion difficult. It is put up in a sterile peel-pack, with a packet of lubricating jelly.

* * *

Disposables, Inc. has been making disposable clothing since 1957. The Atomic Energy Commission was one of their first customers. In 1960 Macy's sold disposables for the paint and hobby field and in 1962 General Electric adopted disposable uniforms to industrial use. 1963 saw the disposable coverall; 1964 the disposable air line stewardess apron and the first disposable O. R. surgical gowns. Disposables, Inc. now announces that their long experience together with price reductions by DuPont for the Tyvek™ fabric which is used has made possible a drastic reduction in cost of disposable garments. They are now competitive with ordinary linen service. Tyvek is a spunbonded fabric made of 100% high density polyethylene fibers.

* * *

Smith Kline & French and Hotchkiss Instruments are cooperating to market a new and greatly improved otoscope. The newly-designed instrument eliminates parallax error which is inherent in conventional otoscopes by reflecting light from a perforated mirror through which the observer looks. The light rays project parallel with the line of sight and illuminate the eardrum evenly and with four times the usual light. Hotchkiss sells it in the U.S., SK&F outside the U.S.

* * *

Midliner is a new, portable diagnostic tool for rapid location of brain midline structures by the analysis of echo patterns of ultrasonic pulses. The readings are recorded on a bar graph for easy visualization and permanent recording. Deviations of midline structures are measured to within one millimeter. It operates on ordinary house current and carrying weight is 22 pounds. Available from Diagnostic Electronics Corporation, Lexington, Massachusetts 02173.

* * *

Ortho Pharmaceutical has a low-dosage oral contraceptive in a new form which lessens breakthrough bleeding and should help eliminate the mistakes women make deciding which days to take their birth control pills. Recently approved by FDA, it was designed with more estrogen to help prevent intermenstrual bleeding without causing digestive upset. Designed also to end the guesswork in using orals, the new combination of norethindrone and mestranol—called Ortho-Novum 1/80 ▭21—is taken 21 days a month rather than 20.

* * *

Parke-Davis is introducing a line of Readiflex Hospital Elastic Stockings designed especially for hospital use in the prevention of embolism originating in the lower extremities. The stockings are recommended for hospital patients over the age of 20. The older a patient is and the more the patient is confined to bed the more important the device is. They are supplied in the customary three sizes.

* * *

Wallace Pharmaceuticals will market the antibiotic Rondomycin (methacycline hydrochloride) under an exclusive agreement with Chas. Pfizer & Co. Wallace is known as a leader in tranquilizers and has chosen Rondomycin as its first antibiotic because of its effectiveness against so many bacteria.

* * *

The Merck Institute for Therapeutic Research reports that Merck live virus German measles vaccine has been successful in protecting non-immune children from the disease in two separate epidemics in which non-immunized children contracted the disease. The vaccine is made in duck embryo cell cultures. Two different strains of the virus have been used.

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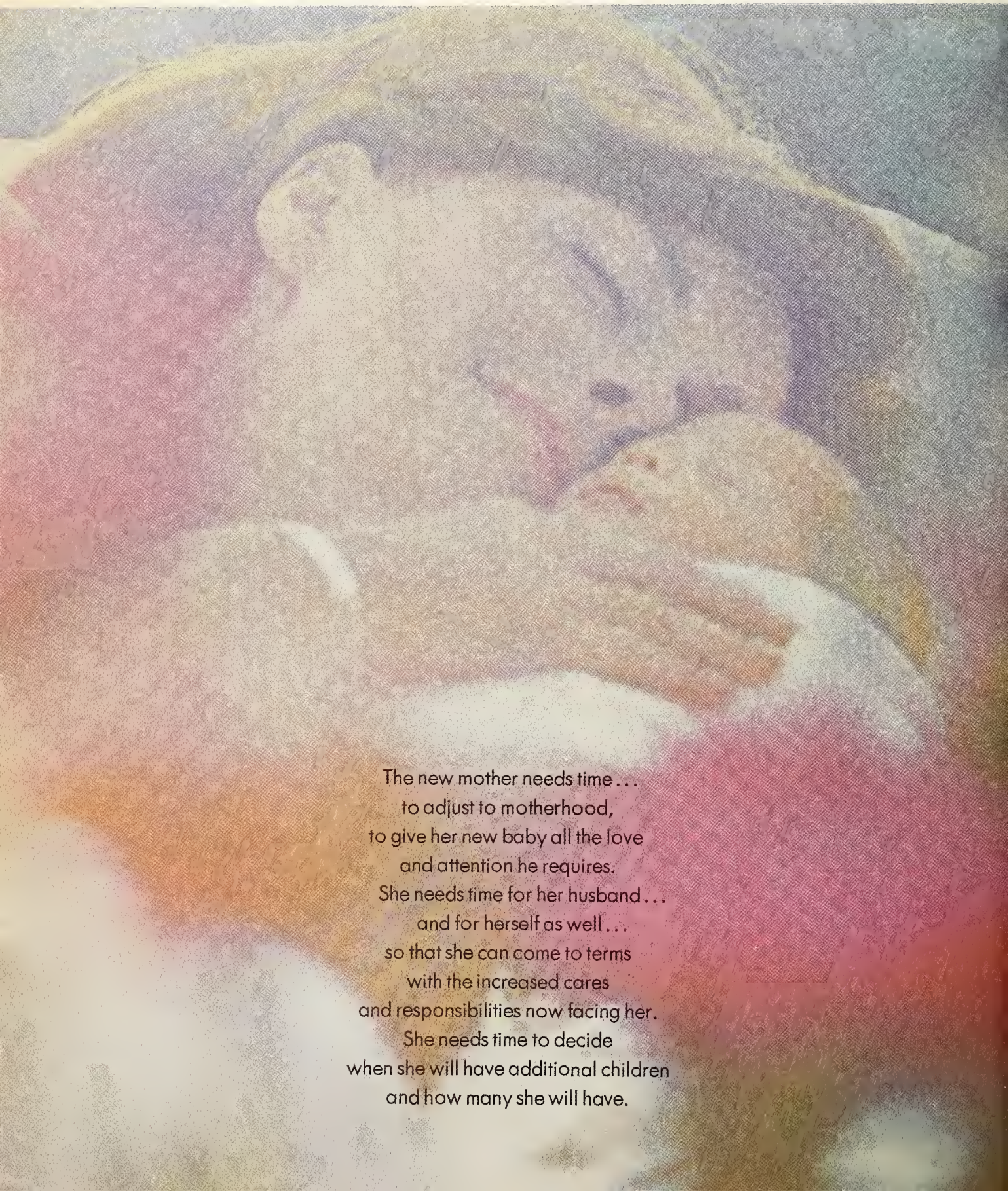

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It is the time when motivation is highest—when a new mother needs expert advice for the future, so she can space her children and limit her family.

It is also the most opportune time, since she is conveniently present in the hospital, for her to be given both instructions and a prescription.

Non-nursing mothers may begin Ovulen-21 immediately after delivery, on the day of departure from the hospital or at the first postpartum visit, as desired. It is recommended that nursing mothers begin Ovulen-21 four weeks after delivery.

A small fraction of the hormonal agents in oral contraceptive pills has been identified in the milk of mothers receiving these drugs. The long-range effect on the nursing infant cannot be determined at this time.

Actions—Ovulen acts to prevent ovulation by inhibiting the output of gonadotropins from the pituitary gland. Ovulen depresses the output of both the follicle-stimulating hormone (FSH) and the luteinizing hormone (LH).

Special note: Oral contraceptives have been marketed in the United States since 1960. Reported pregnancy rates vary from product to product The effectiveness of the sequential products appears to be somewhat lower than that of the combination products. Both types provide almost completely effective contraception.

An increased risk of thromboembolic disease associated with the use of hormonal contraceptives has now been shown in studies in both Great Britain and the United States. Other risks, such as those of elevated blood pressure, liver disease and reduced tolerance to carbohydrates, have not been quantitated with precision.

Long-term administration of both natural and synthetic estrogens in subprimate animal species in multiples of the human dose increases the frequency of some animal carcinomas. These data cannot be transposed directly to man. The possible carcinogenicity due to the estrogens can be neither affirmed nor refuted at this time. Close clinical surveillance of all women taking oral contraceptives must be continued.

Indication—Ovulen is indicated for oral contraception.

Contraindications—Patients with thrombophlebitis, thromboembolic disorders, cerebral apoplexy or a past history of these conditions, markedly impaired liver function, known or suspected carcinoma of the breast, known or suspected estrogen-dependent neoplasia, and undiagnosed abnormal genital bleeding.

Warnings—The physician should be alert to the earliest manifestations of thrombotic disorders (thrombophlebitis, cerebrovascular disorders, pulmonary embolism, and retinal thrombosis). Should any of these occur or be suspected the drug should be discontinued immediately.

Retrospective studies of morbidity and mortality in Great Britain and studies of morbidity in the United States have shown a statistically significant association between thrombophlebitis and pulmonary embolism and the use of oral contraceptives. There have been three principal studies in Britain[1-3] leading to this conclusion, and one[4] in this country. The estimate of the relative risk of thromboembolism in the study by Vessey and Doll[3] was about sevenfold, while Sartwell and associates in the United States found relative risk of 4.4, meaning that the users are several times as likely to undergo thromboembolic disease without evident cause as nonusers. The American study also indicated that the risk did not persist after discontinuation of administration, and that it was not enhanced by long-continued administration. The American study was not designed to evaluate a difference between products. However, the study suggested that there might be an increased risk of thromboembolic disease in users of sequential products. This risk cannot be quantitated, and further studies to confirm this finding are desirable. Retrospective studies in Great Britain have shown a statistically significant association between cerebral thrombosis and embolism and the use of oral contraceptives. This has not been confirmed in the United States.

Discontinue medication pending examination if there is sudden partial or complete loss of vision, or if there is a sudden onset of proptosis, diplopia or migraine. If examination reveals papilledema or retinal vascular lesions, medication should be withdrawn.

Since the safety of Ovulen in pregnancy has not been demonstrated, it is recommended that for any patient who has missed two consecutive periods pregnancy should be ruled out before continuing the contraceptive regimen. If the patient has not adhered to the prescribed schedule the possibility of pregnancy should be considered at the time of the first missed period.

A small fraction of the hormonal agents in oral contraceptives has been identified in the milk of mothers receiving these drugs. The long-range effect to the nursing infant cannot be determined at this time.

Precautions—The pretreatment and periodic physical examinations should include special reference to the breasts and pelvic organs, including a Papanicolaou smear since estrogens have been known to produce tumors, some of them malignant, in five species of subprimate animals. Endocrine and possibly liver function tests may be affected by treatment with Ovulen. Therefore, if such tests are abnormal in a patient taking Ovulen, it is recommended that they be repeated after the drug has been withdrawn for 2 months. Under the influence of progestogen-estrogen preparations preexisting uterine fibromyomas may increase in size. Because these agents may cause some degree of fluid retention, conditions which might be influenced by this factor, such as epilepsy, migraine, asthma, cardiac or renal dysfunction, require careful observation. In breakthrough bleeding, and in all cases of irregular bleeding per vaginam, nonfunctional causes should be borne in mind. In undiagnosed bleeding per vaginam adequate diagnostic measures are indicated. Patients with a history of psychic depression should be carefully observed and the drug discontinued if the depression recurs to a serious degree. Any possible influence of prolonged Ovulen therapy on pituitary, ovarian, adrenal, hepatic or uterine function awaits further study. A decrease in glucose tolerance has been observed in a significant percentage of patients on oral contraceptives. The mechanism of this decrease is obscure. For this reason, diabetic patients should be carefully observed while receiving Ovulen therapy. The age of the patient constitutes no absolute limiting factor, although treatment with Ovulen may mask the onset of the climacteric. The pathologist should be advised of Ovulen therapy when relevant specimens are submitted. Susceptible women may experience an increase in blood pressure following administration of contraceptive steroids.

Adverse reactions observed in patients receiving oral contraceptives—A statistically significant association has been demonstrated between use of oral contraceptives and the following serious adverse reactions: thrombophlebitis, pulmonary embolism and cerebral thrombosis.

Although available evidence is suggestive of an association, such a relationship has been neither confirmed nor refuted for the following serious adverse reactions: neuro-ocular lesions, e.g., retinal thrombosis and optic neuritis.

The following adverse reactions are known to occur in patients receiving oral contraceptives: nausea, vomiting, gastrointestinal symptoms (such as abdominal cramps and bloating), breakthrough bleeding, spotting, change in menstrual flow, amenorrhea during and after treatment, edema, chloasma or melasma, breast changes (tenderness, enlargement and secretion), change in weight (increase or decrease), changes in cervical erosion and cervical secretions, suppression of lactation when given immediately post partum, cholestatic jaundice, migraine, rash (allergic), rise in blood pressure in susceptible individuals and mental depression.

Although the following adverse reactions have been reported in users of oral contraceptives, an association has been neither confirmed nor refuted: anovulation post treatment, premenstrual-like syndrome, changes in libido, changes in appetite, cystitis-like syndrome, headache, nervousness, dizziness, fatigue, backache, hirsutism, loss of scalp hair, erythema multiforme, erythema nodosum, hemorrhagic eruption and itching.

The following laboratory results may be altered by the use of oral contraceptives: hepatic function: Increased sulfobromophthalein retention and other tests; coagulation tests: increase in prothrombin factors VII, VIII, IX and X; thyroid function: increase in PBI and butanol extractable protein bound iodine, and decrease in T^3 uptake values; metyrapone test and pregnanediol determination.

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The Journal
of the INDIANA STATE MEDICAL ASSOCIATION

Devoted to the interests of the medical profession of Indiana

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A Dedicated Lady

MRS. Ethel Gastineau, a member of the AMPAC Board of Directors since 1963, was elected secretary-treasurer of the board, just prior to her death. Hoosier doctors and their wives, and indeed all American doctors and all their wives, are proud of the outstanding work Mrs. Gastineau has done.

She was the first woman to serve on the AMPAC Board of Directors. Of this remarkable woman, Dr. Don Wood, himself a member of the AMPAC Board, at one time its chairman, and now chairman of the AMA Council on Legislative Activities, says:

"Mrs. Gastineau did more for the Political Action Committe in organizing the woman's auxiliary and to explain the policies of the board to the physicians' wives than any other one individual. She was an outstanding person, dedicated and loyal to the medical profession of the United States. On behalf of the board and all physicians, we appreciated Ethel for all of these fine qualities."

Mrs. Gastineau received special honors in New York City last summer when she received the highest award of the national Women's Auxiliary, that of Honorary Membership.

Ethel's honors and her unstinting work for the medical profession were not of recent origin nor of fleeting moment. In 1927 she was one of the charter members of the Marion County Medical Auxiliary and of the auxiliary to the Indiana State Medical Association. She served as president of the Woman's Auxiliary to ISMA for two terms—1944 to 1946.

On the national level, she was director of the Women's Auxiliary to the AMA in 1950-51; national chairman from 1951-1956; vice-president, 1956-57; first vice-president, 1957-58 and president, 1959-60.

Mrs. Gastineau literally dedicated her life and her magnificent talents to a host of activities, all of which have benefited the honor and dignity of the medical profession.

Indiana is proud to acknowledge her many services in our behalf and to express appreciation for her wonderful work.

"Clinical" Pharmacy a Misnomer

NUMEROUS suggestions have appeared recently to the effect that pharmacists, particularly hospital pharmacists, should be known as *clinical* pharmacists and that, among their other duties, they should accompany physicians on hospital rounds and advise as to the use of drugs.

This would seem to be a switch from the pharmacist's traditional role as an expert on pharmacology to that of an interloper without portfolio as a therapist, an encroacher upon the practice of medicine. Pharmacists are and have been honored members of the health team because of their intimate, well documented, and up-to-date academic knowledge of drugs, including the pharmacologic effect, the dosage, formulation, incompatibilities, side effects, drug-drug interactions, and toxic reactions.

All of this materia medica concerning drugs in active use is made available to the practitioner of medicine as a part of his formal education and internship and also as a result of his close professional contacts with his colleagues and with the pharmacist. The doctor freely seeks the advice of the pharmacist when detailed knowledge of a seldom-used drug or of a new preparation is required. The expertise of a well-informed pharmacist is priceless in such a case.

However, the application of this pharmacological knowledge to the treatment of a given patient involves many other considerations, some of which are as important, or more so, than the pharmacology involved. Many clinical considerations, derived from the study of the patient and known to the physician but not to the pharmacist, are necessary in the de-

cision as to how to apply pharmaceutical treatment.

It is extremely doubtful that a pharmacist on ward rounds would be able to supply any more knowledge to a therapeutic situation than he would if he were consulted by the physician by telephone or in his pharmacy.

The wealth of data which are acquired by a physician in his study of a patient simply are not available to the pharmacist, even though the patients' charts might be available to him at the nurses' station. If he were to acquire it, he would be duplicating the functions of the physician and, most likely, would previously have gained an M.D. degree. In the process of assembling the necessary clinical information, together with the pharmacological details which would enable him properly to apply pharmaceutical therapy, it is possible that the pharmacist would so burden his mind with details—really meaningful only to the physician—as to encourage him to formulate a judgment which he has not been adequately trained to render. Hence, it would constitute a waste of his own time and particularly that of the physician, while possibly confusing or disorienting the patient. And, at whose expense, since the pharmacist must be expected to be paid for his services too?

The physician is the expert and authority on the drugs or drug products which he has come to know from his experience in the *clinical* use of them, and from routine discussions of them held with colleagues. The pharmacist does not have that advantage. Alternatives in drug therapy, obviously, are more understandably and more practically provided by the M.D. *clinical pharmacologist* whose number is increasing, especially in teaching institutions. Furthermore, what is "rational" therapy for one patient may not be so in what may *appear* superficially to be a similar malady in another. Hence, only the diagnostic art and practical medical understanding of a clinically experienced physician can serve best in judging the medication most suited to the specific patient. Yet, a pharmacist's experimental proposal may constitute a helpful alternative to drug therapy that has been shown to be inadequate in the specific case. But, his presence at the bedside is fatuous.

It is to be noted that Professor Glen J. Sperandio of the *clinical* pharmacy department of Purdue University, College of Pharmacy and Pharmacal Sciences, in discussing this subject recently, warned that "the *clinical pharmacist* must not be confused with the practitioner of medicine," perhaps implying that laymen could, in fact, do just that, or as if to indicate that the pharmacist should engage in counter prescribing which by now has practically been stamped out. Is a return of it contemplated as for the treatment of "minor" ills for the purpose of relieving to that extent the overburdening patient-load of the busy physician?

However, Professor Sperandio also said that "tomorrow's pharmacist will find himself right in the center of the health treatment of his patients"—and "he will change to the patient-oriented counselor on drug-therapy"—and "he will personally be involved with the medical treatment of the patient, and will play a prominent part in determining the patient's drug therapy." These three phrases accurately describe the posture of the physician in his role as therapist. Could it be that Professor Sperandio, in his zeal for expanding the function of the pharmacist, has wishfully expanded the pharmacist into the domain of the physician? Yet, the pharmacist shortage, relatively, is more acute than the claimed shortage of physicians.

The word "clinical" applied and appended to the pharmacist is illogical and unscientific because "clinical" denotes the *treatment* of the sick, which is not the pharmacist's function. It pertains to a *clinic,* that is, a hospital, or to the bedside and is founded on actual observation and treatment of patients as distinguished from the theoretical, academic, or experimental.

Therefore, the appropriation of the term "clinical" to describe a pharmacist is both naive and misleading, an unfortunate corruption and misapplication of a term characteristic only of the practice of medicine. It is a term which physicians must guard jealously as one applied only to medical practice. The description "clinical" pharmacy is as inappropriate as is the term "shoe hospital" seen occasionally in the past. To indicate *pharmaceutical* communication with the *physician's* patient, the process might more properly and appropriately be described as *communicative pharmacy* or pharmaceutical salesmanship. The use of the term "clinical pharmacy" should be thoroughly disapproved by the medical profession.

The functions of the pharmacist as an expert and authority in advising physicians concerning drugs have produced valuable cooperation on the health team. Therefore, it would be a mistake to place him in a "clinical" situation for which he has not been prepared by education or experience, or emotionally.

Grants to Help Develop New Health Care Systems

THE Carnegie Corporation and the Commonwealth Fund are contributing equally to a $500,000 grant to Johns Hopkins University to develop and demonstrate new systems of community health care. The systems are being planned to provide a full range of medical services for thousands and will be designed so that they may be adapted later for other communities.

The Hopkins programs will provide for:

1. The establishment of a prepaid, comprehensive care

program for residents of Columbia, a new city being built between Baltimore and Washington.

2. A similar cooperative venture with the East Baltimore community to establish a prepaid program of health care to serve a significant portion of families living in the area around the school.

3. A thorough reorganization of the Johns Hopkins Hospital Outpatient Department to provide specialty-clinic backup for the two prepaid care programs, as well as better primary and specialty care for East Baltimore residents in general.

The estimate is that within five years more than 50,000 individuals may be enrolled in the two prepaid programs.

The two philanthropic foundations issued a statement which, in part, said: "Systems of prepaid, comprehensive health care have elsewhere been proved more economical and probably more effective than the fragmented arrangements of individual practitioners, hospitals, clinics, and laboratories that characterize health services today. The Hopkins plan to bring these systems into a university setting—where they can be developed and tested for replication by individual communities anywhere in the country—promises to have a major effect on the delivery of health care in the future."

In Search of Tranquility

ACCORDING to Dr. Emerson Douyon, of Haiti, Haitian natives who engage in voodoo rites and trances feel no need for the escape afforded by tobacco, alcohol and drugs. Apparently voodoo trances permit people of this culture to escape from themselves and from reality. Certainly, escape of one kind or another from the all-too-pressing problems of the environment is sought after by most of us at one time or another.

Perhaps no group of professionals stands in greater need of blessed escape than members of the medical profession. Some find a measure of peace in the use of tobacco, alcohol and (more unfortunately) drugs. Others resort to hobbies of one kind or another, which have the obvious advantage of no unpleasant after-effect. Thus, some physicians play golf; others find pleasure in hunting; some raise orchids, draw or paint; some find a hobby in businesses not related to the practice of medicine; some collect stamps, antiques, guns; some ride horses, hike or explore. Some restore old cars.

One of the most satisfying hobbies is the firsthand study of history. There is almost no part of the country without historical secrets crying for discovery. Searching them out involves the most pleasurable activities—physical exploration, reading, searching through courthouse records, interviewing informants in the area. If one has a writing bent, books or articles can well result.

Firsthand study of history permits one to step outside himself, so to speak, to objectively view his situation. Not infrequently, this enables him to realize that matters are not so grim as they appear. And the study of history is instructional; for those who don't learn of the mistakes of history may have to repeat them. The study of history is a social activity, to be carried out in conjunction with others—perhaps to be reported by a lecture or slide presentation. Photography plus the pursuit of history combine to provide a really ideal hobby with possibilities unlimited.

There are, of course, innumerable pleasant and rewarding hobbies, but none serves as a more physiologic and healthful tranquilizer than firsthand examination of the past.—**W. D. Snively, Jr., M.D., Evansville.**

Lounge Talk

"Lounge Talk" was originated to provide a sounding board of membership opinion. Discussion of viewpoints espoused in this column is invited in the form of contributions to the column or in the form of letters to the editor. Medicine is involved in problems which are susceptible to many opinions. Proper solutions will be derived from free discussion. Members are invited to add to and engage in this discussion.

Guest Editorials

How to Implement Comprehensive Health Planning

THERE have been many articles written concerning Comprehensive Health Planning but no good method of implementation has been suggested. There seems to be considerable difference of opinion as to what comprehensive health planning refers to. For the purposes of this paper, comprehensive will be taken to mean all inclusive, that is to include anything having to do with health and the well-being of the population.

The plan was originally conceived by the Department of Health, Education and Welfare. Why not look to that department and model the functions of the planning group? There is no function of the county government that is not concerned with either the health, education or welfare of the people.

The comprehensive planning committee is to be composed of people from all walks of life and the majority are to be classified as consumers of health services. This is a good plan but there is no present way to implement it; no effective agency to work through and the committee has no power.

I would like to propose a plan that would have merit in small counties,

namely those of less than 50,000 people.

The county health officer, who is usually on the comprehensive planning committee, could act as coordinating officer. There are many programs that are funded by tax monies such as aid to dependent children, crippled children, welfare payments and similar programs that may have many overlaps. One coordinating agency could help eliminate waste and abuse of these programs and see to it that the more needy get help faster.

There is another group of programs that I feel would be more efficient if they were administered through a local agency. In this group are such programs as Operation Head Start, Medicaid, Vista and many others that are administered directly from Washington. There is at present no state agency through which to get answers on Operation Head Start. I have observed that many of these programs are operated locally by unqualified persons, wasting many tax dollars. Here again the direction of the administration of these programs could be done through the health officer who in turn would be accountable to the county or area comprehensive planning committee. Many of the children in Head Start are also on the welfare rolls but I know of no coordination of efforts of the welfare department and the Head Start program.

There is another large area that could be included in this plan—the voluntary health agencies. I think these agencies do a tremendous amount of good but with proper coordination, the efficiency could be increased. It has been reported that 20% to 25% of the funds collected by agencies such as the Red Cross are spent for administration; if we could combine the administrative direction of several such funds, considerable money could be saved.

In summary I would propose that the County Board of Health be empowered to be the coordinating or administering agency for any program considered by the Comprehensive Health Planning Agency which in turn could be any program originating in the Department of Health, Education and Welfare. The health officer and his aides are more closely associated with the problems than any other group in the local government.—**B. D. Wagoner, M.D., Union City.**

Editorial Notes . . .

Research on a new drug designed to lower cholesterol levels in the blood was reported by Upjohn scientists to the American Heart Association recently. The drug, colestipol, is an insoluble, high molecular weight substance, which is not absorbed from the intestine. It has a high affinity for bile acids and therefore induces the fecal excretion of a large amount of the intestinal content of bile acids. This lowers the amount of bile acids which are reabsorbed and places a demand for more bile acids which are made in part from the circulating cholesterol. Exact dosage is not important and apparently there is no threat of drug toxicity.

A Netherlands company has developed a heart-lung machine specially adapted for use in infants and children. Extra-corporeal circulation involves much smaller tolerances in flow and volume in babies as compared with adults. The new machine achieves a high degree of accuracy. Circulation volume and the arterial pump are both regulated by devices which monitor the venous pressure.

Almost all hospital fires are either due to carelessness with cigarettes or to faults in the electrical system. Sister Mary Christopher of Denver's St. Joseph Hospital addressed the Conference of the National Fire Protection Association with advice concerning the wisdom and necessity of a well-planned and well-rehearsed fire control plan for hospitals. She stressed rehearsals—"Five minutes is often the margin between containment and catastrophe." The best preventive is the presence of trained people, she added.

Dr. Clay A. Ball was the subject of an especially fine tribute in *The Muncie Star* recently. Dr. Ball was born in 1877, graduated from medical school in 1906 and has been practicing medicine in Muncie for 63 years. The occasion for the newspaper story was that he is not only still practicing but has no plans to retire.

The United States Pharmacopeial Convention was granted special permission to use the Old Senate Chamber of the Capitol Building in Washington for a commemorative ceremony on January 2. Use of the Old Chamber is jealously guarded by the Senate; outside organizations are rarely admitted. The historical background that makes the present use so appropriate is that the Pharmacopeia was founded by eleven physicians in this same Senate chamber on January 1, 1820.

Engineers at Purdue have devised a method of precise control of the rate of transfusion. It is especially suitable for infant transfusions where speed and uniformity of flow are important. Flow rates are adjusted by changing the center of the regulator which has a variety of orifices of various calibers. The constancy of the flow is maintained by suspending the blood reservoir by a coiled spring which raises the reservoir a little as the volume decreases and thus keeps the hydrostatic pressure constant. The work was done at the request of Dr. Robert Hannemann for his pediatric practice in Lafayette. He plans to present other medical problems to the engineering department. ◄

Lounge Talk

LLOYD L. HILL, M.D.
Peru

AN inherent weakness of conservatives is a propensity to flee adversity. While espousing the virtues of individuality, the conservatives too often paradoxically retreat into sulkiness when threatened by conflicting attitudes. Conceded that to continue to contribute to organizations which appear only determined to destroy individual freedom is absurd conservative ideology. However, I submit it is a premature judgment to infer that the steering mechanism of organized medicine can never be made to turn to the starboard again. Admittedly much valuable time and ground have been lost by the timidity of conservatism, making the task gargantuan, but we must regroup conservatism *within* our organization if there be any hope to preserve the concepts of freedom for either the doctor or his patients.

The pliant leadership of organized medicine today is much too concerned with the public image of organized medicine and is not being confronted effectively enough by an adamant membership insisting upon strict adherence to its policies. Forming splinter groups as a means of defying the objectionable practices of organized medicine must only supplant rather than replace membership in the "mother organization." The traditional organization will continue to dominate the sphere of influence on the practice of medicine with or without us. Our continued presence in the mechanism of traditional organized medicine serves as an impediment to the liberal forces being felt within the organization. Has not the latter impeded our policies?

I would be most delighted if the liberals among us would boycott organized medicine, but they were oblivious even to our presence in those yesteryears when organized medicine was truly conservatively oriented. They clung like the leeches they are to what once was a congenial organization concerned sincerely with matters pertaining to the improvement in the health care of our patients.

Because of our timidity, the AMA today might more appropriately be named the "American Sociological Society," or to put it in the more contemporary alphabetical vernacular, ASS. We must present a united front of thoughtful, conservative influence upon organized medicine matching the obstinacy of our political foes. The dilemma of organized medicine did not occur suddenly. It has insidiously evolved over a number of years, commencing when our leadership failed to be concerned with its member image and devoted its energies toward satisfying an elusive public image.

Ideally, both should be identical but when one conflicts with the other, allegiance to the members must take priority. It is incumbent upon the delegates to insist upon this. The culmination of membership disenchantment has been brought about by the enactment of the Medicaid Law in Indiana. The coup-de-grace was the prostitution of organized medicine by the duplicity of Mutual Medical Insurance, Inc. Instead of a prompt and severe reprimand of Blue Shield by the spokesmen for ISMA, the hierarchy of organized medicine once again sat in mute silence, neglecting their responsibility of enforcing the policies of our organization. The hackneyed excuse of "What could we do?" is heard *ad nauseum* by the membership.

This member suggests for one course of action: Give explicit directions (complete with "roadmaps") for the shortest most direct route to that infamous hot place where Blue Shield and its newly-acquired compeer, the Federal Government, can take their odious fee assignment scheme to enslave the medical profession. The official actions of the 1967 House of Delegates regarding fee assignment, having never been rescinded, gives our leadership its authority to take this most justified action. As long as no acts of reprisal are evoked against individual members for taking part in such programs, not even in a "Warren Court" could litigation be brought against organized medicine with any hope of success on some such asinine charge as "Restraint of Trade," "Monopoly practices," etc. But taking such shockingly courageous action would not be "in the best public interest" even though it just might be the one stroke of magic that would reunify the members of organized medicine.

Let's stop sending "nice guys" to represent us in the House of Delegates. In all due respect, the "nice guys" have been most amiable and pleasant in their mannerisms. They contribute much to the conviviality during the social portions of a medical convention. But their rather perfunctory approach to the true purpose in being present (sometimes present, that is) has been most devastating to conservative ideologies of most grass-roots members. "Nice guys" are not seen often enough in the reference committee meetings where the true confrontations take place and policies are formed. "Nice guys" find themselves reticent to commit themselves in protest on the floor of the House. We can criticize the officers of organized medicine for being Caspar Milquetoasts in carrying out the important policies of organized medicine, but there is no legitimacy whatsoever to any charge that they have ever attempted

to suppress dissenting opinion — these articles are being published as a feature in the official *Journal of ISMA*—are they not?

By the time this article is in print, the special session of the House of Delegates on March 15th will be history. Hopefully, this official body will reaffirm its policy of condemnation of "fee assignment." Furthermore it will hopefully take steps to either rid Blue Shield of this indignant practice or rid ISMA of Blue Shield.

Enjoying friendly discourse with political adversaries in light conversation over a drink or at a party should never carry over into the sessions of the House of Delegates or its reference committees. That is to say, friendships should never sacrifice principles. The liberals learned this years ago and rely on the conservatives' continued ignorance of this clever tactic! In politics as in baseball, Leo Durocher's profound statement is equally valid, "Nice guys finish last." ◀

302 N. Duke St.
Peru 46970

About Our Cover

Statistics usually are pretty dull stuff. But those printed below give you some insight into the extensive thought and planning which have gone into the new Indiana University Hospital.

The cooling tower for the air conditioning system, located north of the new hospital, holds 36,000 gallons of water—the equivalent of 2,400 bathtubs full of water. It would require 11,000 kitchen faucets turned on full to supply the water which runs through the air conditioning unit at a rate of 22,000 gallons per minute. The fans which blow the air through the hospital's climate control ducts are the equivalent of 1,140 individual electric fans.

The plumbing system supplies 8,000 gallons of hot water per hour, sufficient for 267 five-room houses. There are 1,266 plumbing fixtures, enough to equip 316 bathrooms and kitchens in typical houses.

The new hospital has three wells which could supply enough water for the normal requirements of 64,800 persons for 24 hours.

Two diesel powered electric generators, installed to begin generating immediately and automatically if there is a failure in the power supply, can supply 2,000,000 watts of power. Additional generators will be added in subsequent construction phases.

The clock system in the new hospital is a wired synchronous automatic regulating type which corrects itself every hour.

Electric wires have been imbedded in walks and entrances to melt snow and ice. The system can be operated automatically or manually.

The floor in the surgical unit is a piece of sophisticated hospital equipment which eliminates any chance of sparks from static electricity which could ignite anesthetics. After it was installed, work crews examined every part of the flooring with electrical meters to make sure that the specially designed floor tiles do not conduct electricity.

Our thanks to the Indiana Bell Telephone Company for providing us with this month's cover. It is reproduced from the 1969 Indiana Bell Telephone Directory.

Indiana University Hospital

HARRISON J. ULLMANN
Indianapolis*

HUNDREDS of Hoosier physicians can remember seeing their first patients in Long Hospital. And they will also remember . . .

Consultations in hallways, lounges, and lavatories because the nurses exercised territorial imperatives around their cluttered nursing stations;

Open wards, sometimes with a screen for privacy from the curious neighbors in the next beds;

Basement cubbies that had become clinics, sun porches that had become wards, student lounges that had simply vanished.

All of this began to change on January 14th, when the first patients were transferred into the first completed phase of the first hospital ever built for medical education in Indiana.

There is more to come.

Construction has been scheduled to begin later this year on the second phase of the new Indiana University Hospital. A major phase in the Riley Hospital construction program will be completed next year.

A strong teaching and service affiliation with Marion County General Hospital is being developed on a pattern similar to the exceptionally successful affiliation with the Indianapolis Veterans Administration Hospital.

The opening of the Indiana University Hospital completed the first part of an extensive—and expensive—program to develop at the Medical Center one of the nation's largest and most modern systems of university hospitals.

* Director, News Bureau, I.U. Medical Center, Indianapolis 46202.

The opening represented some other accomplishments:

—The quality of clinical facilities available for undergraduate medical education was advanced by more than two generations;

—This is the first of the Indiana University Hospitals to be built specifically and primarily for education in medicine, nursing, and the allied health professions (Long, Coleman, and Riley Hospitals were all established with private gifts directed primarily toward the improvement of health care);

—This is the first of the University Hospitals to receive any substantial construction appropriation from the Indiana General Assembly.

The state appropriated $8,965,000 of the $15,688,906 budgeted to construct and equip the University Hospital first phase. Another $3,923,906 was allocated from Federal Hill-Burton funds.

The balance was provided in gifts from Mr. and Mrs. Herman C. Krannert. Mr. Krannert is an Indianapolis industrialist (Inland Container Corporation) whose philanthropies support the arts, education, and health care on a national scale.

New Beds, Departments

The completed first phase adds 249 beds (most in semi-private rooms) to the Indiana University Hospital system. The first phase also added extensive surgical facilities (eight suites), an entirely new radiology department, and a new dietary department.

The services which have been transferred to the new hospital are surgery, cardiology, renal medicine, gastroenterology, and medicine.

The second construction phase, scheduled to begin later this year, will add 107 beds, 63 bassinets, and new facilities for obstetrics and gynecology. The second phase will also house additional medicine and surgery sub-specialties.

The third construction phase will add 300 to 400 beds. The planning for this phase is dependent upon the developing affiliation with Marion County General Hospital.

As it is completed, the Indiana University Hospital is replacing Coleman and Long Hospitals. The Coleman and Long buildings, a pair of substantial and durable buildings which are no longer adequate for inpatient care, will be converted for use as clinics, classrooms, and laboratories. (Several wards in Long have already been closed.)

Eventually—in seven to 10 years—there will be two Medical Center hospitals: the new University Hospital and a virtually new Riley Hospital.

These hospitals are already used by more than 3,000 students in medicine, nursing, the allied health professions, and even several of the dental specialties.

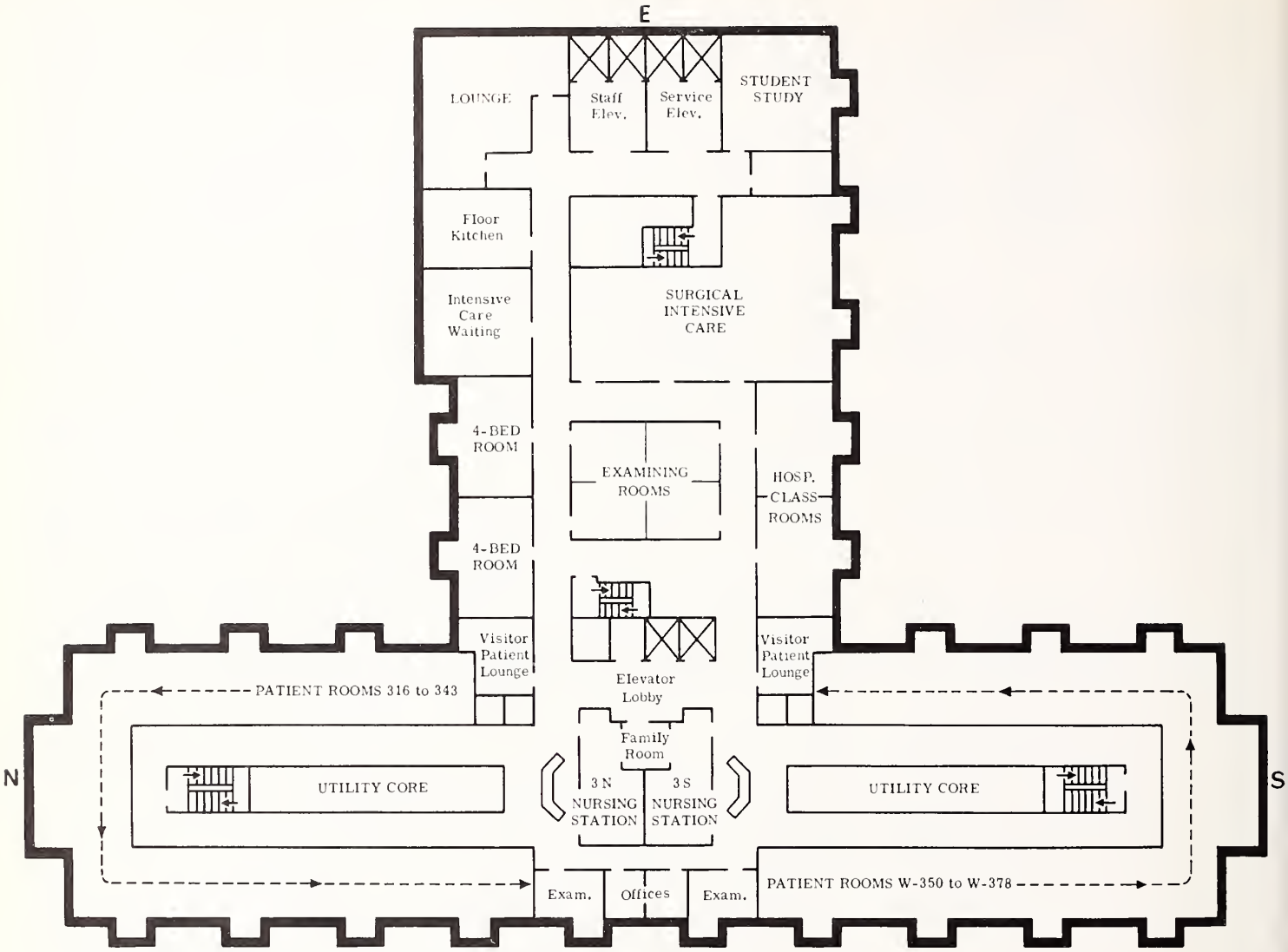
Beyond these clinical education programs, there are several other missions which have been formally and informally assigned to the University Hospitals:

—The University Hospitals provide health care services for inmates of state institutions. The institutions are charged for the hospital services, but not for the medical services provided by the faculty physicians and house staff.

The most recent spectacular instance of this was the emergency care provided for 170 Indiana State Farm inmates who tried to take an hallucinogenic trip on jimson weed seeds.

—Many of Indiana's county and community hospitals rely upon the University Hospitals for services which they cannot or do not provide.

The medical staffs and adminis-



THIRD FLOOR

THE plan of the third floor is typical for the patient care floors in the new University Hospital. The configuration of the east wing varies from floor to floor, according to the specialties and sub-specialties represented on the floor. Most patient rooms are semi-private, but there are single-bed isolation and security rooms on each floor. The configuration of the Krannert Pavilion is essentially the same, except that all rooms are private and somewhat larger than the basic room.

trators at several hospitals, as an example, have chosen to save the costs of heart catheterization units by referring patients to the Medical Center for this service.

No State Aid

—Despite the advances already accomplished through the Indiana Program for Statewide Medical Education and despite the intensive efforts underway in several areas to develop strong internship and residency programs, the University Hospitals still support a preponderant portion of Indiana's postgraduate medical education.

There are no state appropriations for these programs in the University Hospitals.

There are, in fact, no state appropriations for any of the patient care or medical education programs of the University Hospitals. Funds for these programs come entirely from the charges for patient care, from the payments by individuals, their insurance carriers, or their welfare agencies.

This is a nationally unique method for supporting medical education and specialized patient care programs.

State legislative appropriations provide a national average of 34% of the operating budgets of university hospitals. In several cases, state legislatures provide substantial support for medical education programs at private university hospital systems (Source: 1969 survey by the Association of American Medical Colleges).

Several state legislatures also provide more support for private medi-

cal schools than the Indiana General Assembly provides for this state's only medical school.

Although virtually the entire operating budget of the University Hospitals is generated from revenues collected for patient care services, the rate structure of the University Hospitals is comparable with the rate structures of other university hospital systems.

The basic semi-private room charge in the new Indiana University Hospital is $62.50 a day. Comparable charges elsewhere are $75 a day at the University Hospitals of Chicago; $117.50 at the University Hospitals of Cleveland; $55-58 at the University of Wisconsin Hospitals; $115 at the University of Michigan Hospitals.

The first patient in the new Indiana University Hospital was a Hartford City man who was being evaluated for renal dialysis and transplantation. He was an appropriate charter patient. The Medical Center and the Indianapolis Veterans Administration Hospital jointly administer one of the very largest and most successful dialysis and transplant programs in the United States.

In a fundamental way, the dialysis and transplant program is typical of the patient care programs in the University Hospital. These programs are generally those which cannot or should not be duplicated in most community or county hospitals. In these programs, as well as in the clinical education programs, the University Hospitals are statewide institutions.

The formal dedication of the Indiana University Hospital will be held April 29th simultaneously with the annual School of Medicine Alumni Day. ◄

I.U. School of Medicine Postgraduate Courses (Division of Postgraduate Medical Education)

DATE	COURSE TITLE	LOCATION	COURSE DIRECTOR
Mar. 18, 1970	*Practical Endocrinology	I. U. M. C.	Drs. R. Powell-R. Schnute
April 5-17, 1970	Anatomical and Clinical Otolaryngology 55th Annual Course	I. U. M. C.	Dr. Brown
April 22, 1970	*Rehabilitation in Respiratory Insufficiency	Marion County General Hospital	Dr. Popplewell
May 6-7, 1970	5th Annual Indiana Multidisciplinary Child Care Conference	Stouffer's Inn	Dr. M. Green
May 20, 1970	Orthopaedics for the General Practitioner	I. U. M. C.	Dr. J. Wray
May 27, 1970	Psychiatry in Everyday Practice	Madison, Indiana	Dr. O. McAtee
By Arrangement	Seminar — Psychiatry in General Medicine	I. U. M. C.	Dr. T. Overley
By Arrangement	Supervised Psychotherapy	I. U. M. C.	Dr. T. Overley

* Co-sponsored by the Indiana Regional Medical Program.

AMA Priority Objectives: Solutions to Nation's Major Health Problems

NORMAN H. BUDDE
Chicago, Ill.*

"WE plant trees today so that others may have shade tomorrow." Burtis E. Montgomery, M.D., Harrisburg, Ill., chairman of the AMA Board of Trustees, recently quoted this Chinese proverb to illustrate that the accomplishments of today's physicians and medical societies should include the solution of eight of the most pressing health problems now confronting the nation.

As identified by the American Medical Association, they are:

The acute shortage of health manpower—the demand for health care has created an imbalance in the supply-demand equation of health professionals and other personnel. Increasing affluence, longer life, greater appreciation of good health care, and such government programs as Medicare and Medicaid have greatly increased the demand. Consequently, the AMA, in cooperation with the Association of American Medical Colleges, is urging all medical schools to expand their enrollments and offers its assistance in establishing new schools.

Success of this approach to date is evidenced by 24 new medical schools created since World War II, raising to 101 the total of schools now accepting students. Others are in the planning or construction stage, and most existing schools have increased their enrollment.

The AMA Council on Medical Education is cooperating with attempts of medical schools to reduce the length of medical training and is reviewing the time required by various specialty boards for certification of specialists.

The AMA Committee on Education for Related Health Professions and the AMA Council on Health Manpower are also stimulating a variety of programs to develop new physicians' assistants, new health care roles for nurses, and innovative steps to increase total productivity. The association has adopted essentials of accredited educational courses and accredits programs for 13 different technologies. In addition, it endorses increased federal appropriations for both the schools and individual students.

Rising health care costs—the AMA is working closely with the American Hospital Association and hospital medical staffs to review every item of hospital costs in an effort to remove those items which should be supported by other means. Physicians are also being encouraged to eliminate hospital care or reduce it whenever possible and to use less expensive extended care facilities and home health care services. The AMA is now preparing a public education program to illustrate how unrealistic demands for health care inflate costs.

Financing health care—the AMA supports a national health insurance plan based on tax credits and certificates that would enable all Americans to purchase comprehensive health insurance coverage. Its proposal would establish a sliding scale of tax credits depending on the individual's tax liability, and the credits would be applied to health insurance provided by private carriers.

Mental health—the AMA proposed the program that was enacted by Congress to establish a network of nationwide community mental health centers. The program involves close cooperation with the mental health administration and other experts to discover more efficient methods of treatment and rehabilitation, allowing a quicker return to productive work by the patients.

Pollution—the AMA Council on Environmental and Public Health has held several national conferences on the problem of pollution of the air, waterways and the land, and it is working closely with governmental and private agencies to ameliorate this growing health hazard.

Alcoholism and drug addiction—the widespread use of alcohol has been accompanied by millions of medically identifiable alcoholics. They suffer a type of drug addiction which requires medical therapy and which is the cause of 50% of all fatal accidents and innumerable criminal acts. Consequently, the AMA Committee on Alcoholism and Drug Dependence continues to conduct a major educational program in this area, directed at both adults and youths.

Health care of slum residents—the AMA Committee on Health Care of the Poor, recognizing that the problem of health care in the slum is basically a problem of the slum itself, is conducting a series of studies and conferences with civic and social leaders, and it is preparing specific recommendations to improve both the quality and delivery of health care in these areas.

Malnutrition—poor nutrition is more far-reaching than most people suspect. It covers not only the underprivileged, but also the middle-income group and relates strongly to education at all levels of society. The AMA has adopted an aggressive pro-

* From the Program Services Department, American Medical Association, Chicago, Ill.

gram to fight hunger and malnutrition; local societies are being encouraged to meet with community dietitians, dentists and other health specialists in resource seminars and to participate in area health surveys.

In addition, the AMA will publicize guidelines for the evaluation of malnutrition, examine the science of nutrition as part of formal medical education, seek development of a central coordinating agency for nutrition at a high level in the executive branch of government, urge development of urban and rural programs to provide health services with a nutritional emphasis, and evaluate current nutritional education in schools.

Dr. Montgomery, speaking in behalf of the AMA Board of Trustees, has asked each medical society to help implement these programs at both the state and local level. "Everything physicians do today to help find solutions to these eight major health problems will affect, in large or small part, what physicians of tomorrow will be able to accomplish," he said. ◄

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(3) Charles W. Neville, Jr., M.D.
Assistant Professor of Psychiatry
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Blue Shield Views The Sixties

(One of a series prepared by Blue Shield)

Now that the Sixties have given way to the Seventies, it is appropriate to take a historical view, to step back from the trees to perceive the forest, and to assess our times in terms of the decade past and ahead.

It is fashionable to give names to our decades, such as the Gay Nineties or the Roaring Twenties. For Indiana Blue Shield, however, the Sixties just past present no clear-cut slogan or image.

The years did bring many changes, even dramatic changes, but the trend is mixed. Some changes we label progress or growth. Others are less obviously for the good.

Probably the most significant single trend for Blue Shield during the Sixties was the desire by consumers to have broader, more comprehensive protection from medical bills—to include new kinds of benefits, to reach new groups of people, and even to encompass a new role for government.

One way to tell the story of the Sixties is to compare its first year with its last.

In 1960, of course, there was no Medicare or Medicaid. Indiana Blue Shield had not yet joined Blue Cross in forming a Major Medical Program. The broadest coverage available was the Preferred $300 Schedule. Blue Shield had just moved to include intensive care and concurrent care benefits, and had adopted a self-adjusting community rating system to assure its financial stability. Blue Shield's corporate assets stood at $10,000,000; its membership at 1,363,882; and its payment to physicians totaled $14,477,628.

Today, just ten years later, we administer a county program on a "usual and customary" fee reimbursement basis for 65% of our group members. We have moved into such new areas of coverage as prescription drugs, eye care and dental care. We have assets, mostly earmarked as reserves, totaling nearly $40,000,000; our membership approaches 2,000,000, and last year we paid more than $40,000,000 for physician claims.

And government at all levels has assumed a large role in the health care industry. Last year government expenditures accounted for $22.6 billion, or 38% of all health care costs. That's more than the total cost of health care in 1960.

During these ten years great debates took place. Both inside and outside medical circles, issues became joined on the merits of a "usual and customary" benefit, and on a new government role in assisting the old, the poor, and in stimulating health care planning.

The ISMA gave its endorsement in 1962 to the development of the "county plan" or "usual and customary" benefit, which has grown in popularity and acceptance ever since.

Government, principally the federal government, became the single largest buyer of health services as the result of 1965 legislation creating Medicare for the elderly and Medicaid for the poor. The federal government then moved to influence the direction of health care trends with legislation creating comprehensive health care planning and regional medical programs.

At the behest of the ISMA, Indiana Blue Shield sought and was selected to be the fiscal intermediary for the medical portion of the Medicare program which began July 1, 1966. It made it possible for physicians to continue to deal with a professionally oriented organization rather than the federal government directly.

Following enactment in March, 1969, of state enabling legislation, Indiana Blue Shield was selected to administer the medical portion of Medicaid, effective January 1, 1970.

Both programs caused enormous expansion within Indiana Blue Shield.

Other developments during the Sixties:

—Orientation dinner-workshop meetings were begun in 1962 for interns and residents.

—Glen V. Ryan, M.D., in 1963 became chairman of the Board of Directors and has been deeply involved in most of the developments of the decade.

—Richard C. Kilborn succeeded R. S. Saylor as chief executive of the Plan in January, 1966.

—Construction was begun in February, 1969, on a new Blue Cross and Blue Shield Building at 120 W. Market St. in Indianapolis.

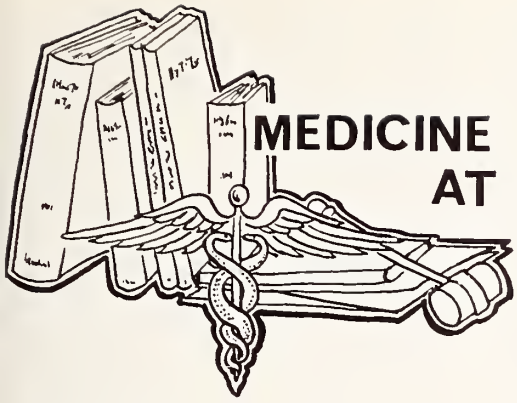
—Blue Shield supported the ISMA in involving the medical profession in local comprehensive health care planning by providing the services of two field men.

—Out-of-hospital prescription drug benefits were initiated in a jointly underwritten Blue Shield and Blue Cross program for employees of the three major auto manufacturing companies in October, 1969, bringing with it a highly computerized system of claims processing.

All these developments brought larger responsibilities for Indiana Blue Shield during a decade of rapid change and growth.

In next month's article, we will look ahead to the Seventies.

Stanley A. Huseland
Public Relations



MEDICINE AT LAW

Hospital-Owned Office Building Held Exempt From Realty Taxes—An office building owned by a nonprofit hospital and leased primarily to physicians was held to be exempt from real estate taxes. The decision, handed down by the Supreme Court of Florida, held that the building was being used for "hospital purposes."

The building, owned by the Southern Baptist Hospital of Florida, is part of the hospital complex. Almost all of its lessees are private practitioners of medicine, most of whom are on the hospital staff.

Since the building is owned by a charitable corporation, it is exempt from real property taxes under the Florida Constitution, the court said. —*Philips v. Southern Baptist Hospital of Florida, Inc.*, 224 So.2nd 684 (Fla., July 9, 1969).

Physicians Liable for Malpractice in Treating Dislocated Elbow—A Texas physician was held liable for malpractice in the treatment of a dislocated elbow. The decision, made by a state appellate court, reversed a lower court ruling and disavowed the locality rule.

The patient sued the doctor because, he claimed, after his dislocated elbow had been set, the elbow had slipped out again. The doctor replied that this was not possible, and he did not take any further x-rays to determine whether the elbow had been properly set. Three months later it was learned that the elbow was still dislocated.

At the trial of the case, the trial court refused to allow an orthopedic specialist to testify for the patient because the specialist was not familiar with the practice in the locality where the medical attention was rendered.

The court concluded that this was error, stating that the controlling factor in determining the competency of a medical witness is his practical knowledge of what is usually and customarily done by other practitioners under similar circumstances.—*Christian v. Jeter*, 445 S.W.2d 51 (Texas, Aug. 14, 1969).

Physicians Liable for Performing Wrong Operation—Three physicians and a hospital were held liable for punitive, as well as compensatory, damages to a woman who had entered a hospital for a breast biopsy but who was misidentified and received abdominal surgery instead. None of her organs was removed, since the surgery was performed to remove a supposedly diseased gallbladder, and the mistake was discovered when her gallbladder was found to be normal. The operation left a surgical scar, and the patient allegedly suffered soreness and fatigue from the surgery.

The physicians and the hospital admitted that the personnel failed to correctly identify the patient, but they contended that only compensatory, and not punitive, damages should be awarded. One of the physicians testified that the patient was not seriously injured by the operation and was left with only a slightly hypertrophic scar.

Compensatory damages are those that compensate a person for a loss due to another's intentional or negligent wrong. Punitive damages require something more than mere commission of a wrong. There must also be a deliberate disregard for human welfare. The purpose of punitive damages is to punish the wrongdoer and to deter others from following his example.—*Ebaugh v. Rabkin, et al.*, Super. Ct., Alameda Co., Docket No. 368271 (Cal., Sept. 5, 1969).

Physician's Plea for Draft Deferment Denied—A 1968 medical school graduate unsuccessfully sought a preliminary injunction restraining the Secretary of the Army from inducting him into the service.

The doctor had applied for a commission with the United States Public Health Service shortly before his graduation from medical school. His application was eventually denied for security reasons. Thereafter, the doctor sought to force his admission to the Public Health Service by legal action. He also asked that a federal district court restrain the Selective Service System from drafting him pending the outcome of this action.

The court, in denying the physician's petition, found that even if he were successful in seeking an appointment to the Public Health Service, there was, according to statute, no right to exemption from military service until twenty-four months of service in the Health Service had been completed.—*Kahn v. Secretary of Health, Education and Welfare*, 302 F. Supp. 178 (D.C., Mass., July 25, 1969).

Law Prohibiting Self-Administration of Narcotics Upheld—A Connecticut statute declaring self-administration of narcotic drugs to be a crime, and providing imprisonment therefor, was held constitutional by a Connecticut trial court.

A man who had pleaded guilty to charges that he had violated the state narcotic drug act by self-administration of a narcotic drug, and that he

was a second offender, had been sentenced to a prison term of not less than six years and not more than eight years. He filed a writ of habeas corpus, contending that the statutory provision which made self-administration a crime was unconstitutional, inasmuch as the United States Supreme Court has held unconstitutional a California statutory provision making addiction to narcotics a crime.

The Connecticut statutory provision making addiction to any narcotic drug a crime is of questionable validity, the court agreed. However, administration of a narcotic drug to oneself is an entirely separate and distinct crime, even though both crimes are contained in the same statute. The fact that the crime of addiction may be constitutionally forbidden by the United States Supreme Court's decision does not mean that the separate and distinct crime of self-administration is likewise forbidden.

It was noted that the Connecticut statutes were amended in 1967 so that self-administration of narcotic drugs is no longer a criminal offense. But the state did have the constitutional power to treat self-administration as a crime even though it no longer chooses to do so.

The writ of habeas corpus was dismissed.—*Tucker v. Warden of Connecticut State Prison,* 254 A.2d 499 (Conn., Feb. 29, 1968; appeal withdrawn).

Informed Consent in Spinal Fusion Case—In a suit against an orthopedist for allegedly performing a spinal fusion operation without obtaining the patient's informed consent, the evidence supported the jury's finding that he had explained the various factors involved in the operation to her, a Texas appellate court ruled. He was not negligent in not informing her of risks involved in an operation to remove rods used in the fusion operation, because the evidence established that there were no probable risks in the removal operation. The hospital resident who assisted in the operations could not be held liable for not having personally obtained the patient's informed consent to them.

In the spinal fusion operation the patient's spinal column was stabilized by the use of Harrington metal rods. Eight months later the orthopedist performed an operation in which he removed a part of the Harrington rod on the right side of the patient's spinal column. Several months later the remaining portions of the Harrington device were removed by other physicians.

The patient contended that her consent to the fusion operation was not an informed one. She testified that the orthopedist did not inform her of the possibility that the Harrington rods might be placed in her back or that they might have to be removed in a subsequent operation.

The orthopedist testified that he told the patient on several occasions that he would use the Harrington rods if he considered that their use would be beneficial to her. He also testified that he told her of the possibility that the rods might have to be removed in a subsequent operation. That testimony was sufficient to support the jury's finding that the orthopedist had informed the patient about the rods.

In the second operation which he performed, the orthopedist removed only a portion of the Harrington rod on the right side of the patient's spinal column. In the subsequent operation performed by the other physicians, it was found that the remaining portion of the right rod was exerting pressure on the spinal cord.

The orthopedist admittedly did not tell the patient before the second operation that there was a risk that the remaining portion of the rod would migrate. However, the orthopedist could not be held liable for failing to inform the patient. There was no direct testimony that migration of the partial rod was probable and there was direct testimony that migration was not to be expected under the circumstances found in this case.

The hospital resident who did no more than assist in the two operations could not be held liable because he did not personally obtain the patient's consent to the procedures. Since there was no independent physician-patient relationship between them, he had no duty to obtain the patient's consent. The consent given to the orthopedist must be construed to include consent for him to secure such assistance furnished by the hospital as he may require.—*Weiser v. Hampton,* 445 S.W.2d 224 (Tex., July 3, 1969; rehearing denied, Sept. 11, 1969; second rehearing denied, Oct. 9, 1969).

ALI Insanity Test Approved in Indiana—In a prosecution for murder in which an accused raised the defense of insanity, a trial court properly refused to instruct the jury on the *Durham* test of insanity, the Indiana Supreme Court ruled. The *Durham* test was not applicable to the accused's situation. The giving of an instruction recognizing both the M'Naghten and irresistible impulse tests was not improper. However, said the court, it believed that the American Law Institute test of insanity would better aid the courts of the state in arriving at truth and justice in cases in which the insanity defense is raised.

The *Durham* rule as to insanity is that an accused is not criminally responsible if his unlawful act was the product of a mental disease or defect. It was the contention of the accused that the jury should have been instructed on the rule because his I.Q. of 75, which bordered on retardation, constituted a mental defect within the meaning of the rule and the killing would not have occurred but for the defect.

Mental deficiency is a factor to be considered in determining criminal responsibility. However, there was no evidence that an I.Q. of 75 was a mental defect of such a nature as to excuse criminal responsibility. The court that formulated the *Durham* rule in a later case expressly rejected an I.Q. of 68 as evidence of a mental defect sufficient to negate criminal responsibility where such low I.Q. was the only evidence offered of a mental defect. Further, there was expert testimony that the accused's intelligence was not so deficient as to render him incapable of forming a criminal intent. The accused also failed to produce evidence showing, as required by the *Durham* rule, that there was a causal connection between his low I.Q. and the killing.

The jury was instructed as to the M'Naghten test—that a person is not criminally responsible if he did not have sufficient mental capacity to distinguish right from wrong. It was also instructed as to the irresistible impulse test—that a person is not criminally responsible, even though he was capable of knowing right from wrong, if he lacked, because of a diseased state of mind, the willpower to resist the impulse to commit crime.

The court said that the instruction was in accordance with the established law of the state. The two tests together achieved a proper balance between the elements of cognition and volition. However, they do not permit of a consideration of an accused's total mental state. The court said that it believed that the ALI test of insanity was more satisfactory. Under that test a person is not responsible for criminal conduct if at the time of such conduct as a result of mental disease or defect he lacks substantial capacity either to appreciate the wrongfulness of his conduct or to conform his conduct to the requirements of the law.—*Hill v. State of Indiana,* 251 N.E.2d 429 (Ind., Oct. 9, 1969).

Welfare Department Liable for Nonresident's Hospital Bill— In denying an appeal by a county welfare board from a judgment in favor of a hospital for medical and hospitalization services rendered to a nonresident indigent, an Indiana appeals court held that a presumption that the indigent might have had an undisclosed physical condition prior to entering the state which finally caused the illness within the state did not relieve the welfare board from the duty of providing for his medical expenses.

The indigent patient had moved to Indiana, but had not lived in the state long enough to become a resident within the meaning of the Indiana welfare statute, when he became unable to work and underwent treatment for cancer at an Indiana University hospital for two extended periods of time. The welfare statute placed the cost of hospital expenses of a nonresident who "became ill" within the state upon the county in which the indigent became ill.

The court stated that to hold that the indigent's condition developed before he entered the state and that he did not "become ill" within the state would subvert the intention of the legislature to care for both residents and nonresidents during their illness.

The court defined "indigent" persons to include those persons who lacked sufficient resources to pay all medical expenses required by an illness, indicating that complete lack of resources was not necessary to classification as an indigent.—*County Department of Public Welfare of White County v. Trustees of Indiana University,* 251 N.E.2d 456 (Ind., Oct. 14, 1969). ◄

If You Drive, Look At This

(Reprinted from The Dial Tone, publication of Western Electric at Indianapolis.)

License Plate Deadline

Commencing Jan. 1, 1970, annual license plates will be issued in different months depending on the first letter of owner's last name.

For example:

1st letter last name	Buy plates during	Yearly deadline
A - C	Jan.	Feb. 28
D - H	March	March 31
I - N	April	April 30
O - S	May	May 31
T - Z	June	June 30

* * *

Loss of License "Points"

You may lose your license by accumulating 10 points in any two-year period (8 point limit for drivers under 21 years).

Drunken Driving	10 points
Failure to Report Accident Over $50 Damage	10 points
Reckless Driving	6 points
Exceeding Speed Limit By:	
1-15 mph	2 points
16-25 mph	3 points
26 and over	6 points
Other Hazardous Moving Violations	3-4-5 points
Other Traffic Violations	1-2-3 points

Driver's License Deadline

During 1970 and 1971, two-year-license will be issued during the month of birth to all drivers whose birthdays are from 1st thru 15th of that month; and 4-year-licenses will be issued in month of birth to any driver whose birthday is from 16th thru end of any month. In 1972 and after, all licenses will be 4-year permits.

* * *

Vehicle Inspection Check List

"Alignment" NOT to be checked. Wheel to be pulled ONLY with owner's consent. Headlights checked with equipment ONLY if visual check shows "substantial divergence." Eleven remaining points of inspection are as follows:

Horn	Mirror	Signals
Brakes	Glass	Wipers
Tires	Steering	Exhaust
Suspension	Lights	

From *The Journal* 50 Years Ago

The role of the ophthalmologist, the family physician, the family and the school is one and the same and that is early and thorough examination of the eyes by a competent ophthalmologist and religious obedience to directions he may give in regard to the hygiene of the eyes and the use of corrective or remedial measures. Do not give audience to nor encourage belief in the advertising propaganda against the use of drugs in examining the eyes. Children's eyes can be examined in no other way, all other claims to the contrary, and in many cases in which the correction of errors of refraction has been attempted by others than ophthalmologists the results are such as to furnish sufficient proof of the fallacy of the unwarranted and much advertised claims which we read in the daily press. Nothing is more important to the physical welfare of a child than normal visual function and to insure that, procure the best professional advice obtainable in your community, obtain it early and see to it that the advice given is followed to the letter.

The general improvement observed in children following the correction of errors of refraction is in many instances so marked and it affects so intimately the proper functioning of various organs which have no direct connection with the eye as to be unexplainable and almost unbelievable. The statement that a child's general health may be seriously affected and even endangered may be questioned by some, but a study of case reports will convince you of the intimate relationship of ophthalmology to the general physical welfare of children . . . . John Ray Newcomb, M.D., Indianapolis, "The Relation of Ophthalmology to Child Hygiene," *JISMA*, March, 1920.

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PRECAUTIONS: Persons who have become drowsy on this or other antihistamine-containing drugs, or whose tolerance is not known, should not drive vehicles or engage in other activities requiring keen response while using this preparation. Hypnotics, sedatives, or tranquilizers if used with BENYLIN EXPECTORANT should be prescribed with caution because of possible additive effect. Diphenhydramine has an atropine-like action which should be considered when prescribing BENYLIN EXPECTORANT.
ADVERSE REACTIONS: Side reactions may affect the nervous, gastrointestinal, and cardiovascular systems. Drowsiness, dizziness, dryness of the mouth, nausea, nervousness, palpitation, and blurring of vision have been reported. Allergic reactions may occur.
PACKAGING: Bottles of 4 oz., 16 oz., and 1 gal.
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You know he's not.

Photograph professionally posed.

Contraindications: History of sensitivity to meprobamate.

Important Precautions: Carefully supervise dose and amounts prescribed, especially for patients prone to overdose themselves. Excessive prolonged use has been reported to result in dependence or habituation in susceptible persons, as alcoholics, ex-addicts, and other severe psychoneurotics. After prolonged excessive dosage, reduce dosage gradually to avoid possibly severe withdrawal reactions. Abrupt discontinuance of excessive doses has sometimes resulted in epileptiform seizures.

Warn patients of possible reduced alcohol tolerance, with resultant slowing of reaction time and impairment of judgment and coordination.

Reduce dose if drowsiness, ataxia or visual disturbance occurs; if persistent, patients should not operate vehicles or dangerous machinery.

Side Effects include drowsiness, usually transient; if persistent and associated with ataxia, usually responds to dose reduction; occasionally concomitant CNS stimulants (amphetamine, mephentermine sulfate) are desirable. Allergic or idiosyncratic reactions are rare, but such reactions, sometimes severe, can develop in patients receiving only 1 to 4 doses who have had no previous contact with meprobamate. Previous history of allergy may or may not be related to incidence of reactions. Mild reactions are characterized by itchy urticarial or erythematous maculopapular rash, generalized or confined to groin. Acute nonthrombocytopenic purpura with cutaneous petechiae, ecchymoses, peripheral edema and fever have been reported. One fatal case of bullous dermatitis following intermittent use of meprobamate with prednisolone has been reported. If allergic reaction occurs, meprobamate should be stopped and not reinstituted. Severe reactions, observed very rarely, include angioneurotic edema, bronchial spasms, fever, fainting spells, hypotensive crises (1 fatal case), anaphylaxis, stomatitis and proctitis (1 case) and hyperthermia. Treat symptomatically as with epinephrine, antihistamine and possibly hydrocortisone. Aplastic anemia (1 fatal case), thrombocytopenic purpura, agranulocytosis and hemolytic anemia have occurred rarely, almost always in presence of known toxic agents. A few cases of leukopenia, usually transient, have been reported on continuous administration.

Meprobamate may sometimes precipitate grand mal attacks in patients susceptible to both grand and petit mal. Extremely large doses can produce rhythmic fast activity in the cortical pattern. Impairment of accommodation and visual acuity has been reported rarely. After excessive dosage for weeks or months, withdraw gradually (1 or 2 weeks) to avoid recurrence of pretreatment symptoms (insomnia, severe anxiety, anorexia). Abrupt discontinuance of excessive doses has sometimes resulted in vomiting, ataxia, tremors, muscle twitching and epileptiform seizures. Prescribe very cautiously and in small amounts for patients with suicidal tendencies. Suicidal attempts have resulted in coma, shock, vasomotor and respiratory collapse and anuria. Excessive doses have resulted in prompt sleep; reduction of blood pressure, pulse and respiratory rates to basal levels; and occasionally hyperventilation. Treat with immediate gastric lavage and appropriate symptomatic therapy. (CNS stimulants and pressor amines as indicated.) Doses above 2400 mg./day are not recommended.

Composition: Tablets, 200 mg. and 400 mg. meprobamate. Coated Tablets, WYSEALS® EQUANIL (meprobamate) 400 mg. (All tablets also available in REDIPAK® [strip pack], Wyeth.) Continuous-Release Capsules, EQUANIL L-A (meprobamate) 400 mg.

Wyeth Laboratories Philadelphia, Pa.

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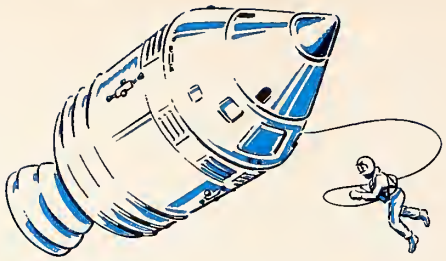

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Annual Meeting Dates of Professional Medical and Allied Organizations

AMERICAN MEDICAL ASSOCIATION ANNUAL CONVENTION
Date June 21-25, 1970
Place Chicago, Ill.

BONE AND JOINT CLUB
Date April 8, 1970
Place The Athenaeum, Indianapolis

NORTHERN INDIANA PSYCHIATRIC SOCIETY
Date Fourth Wednesday of every month, September through June
Place For location and program, inquire Beatty Memorial Hospital, Westville

INDIANA STATE ASSOCIATION OF MEDICAL ASSISTANTS ANNUAL CONVENTION
Date April 17-19, 1970
Place Evansville

INDIANA ACADEMY OF GENERAL PRACTICE
Date April 14-16, 1970
Place Indianapolis

INDIANA HEALTH CAREERS, INC.
Regional Conference and Workshops
Date April 22, 1970
Place Goshen College, Goshen

Annual Business Meeting
Date April 30, 1970
Place Stouffer's Inn, Indianapolis

INDIANA DENTAL ASSOCIATION
Date May 13-16, 1970
Place Indianapolis Hilton Hotel, Indianapolis

INDIANA CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS
Date May 6-7, 1970
Place Stouffer's Inn, Indianapolis

INDIANA SOCIETY OF ANESTHESIOLOGISTS
Date May 23, 1970
Place Marott Hotel, Indianapolis

INDIANA ACADEMY OF OPHTHALMOLOGY AND OTOLARYNGOLOGY
Date May 5-7, 1970
Place Morris Inn, South Bend

INDIANA STATE MEDICAL ASSOCIATION CONVENTION
Date October 12-15, 1970
Place South Bend

INDIANA PUBLIC HEALTH ASSN., INC. & INDIANA TUBERCULOSIS ASSN. JOINT MEETING
Date April 21-23, 1970
Place Stouffer's Indianapolis Inn

AMERICAN COLLEGE OF SURGEONS, INDIANA CHAPTER
Date April 16-18, 1970
Place Indiana State University, Terre Haute

THE INDIANA SOCIETY OF INTERNAL MEDICINE
Date October 14-15, 1970
Place South Bend

INDIANA ASSOCIATION OF PATHOLOGISTS
Date December 5, 1970
Place Indianapolis Motor Speedway Motel, Indianapolis

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ABSTRACTS, BOOK REVIEWS

COOKING FOR YOUR CELIAC CHILD

Charlotte Baum Sheedy and Norman Keifetz, The Dial Press, New York, 1969; 244 pages; $5.95.

This cookbook will be a great boon to worried parents, as well as to their frustrated children who have the misfortune to be afflicted by celiac disease. The problems of feeding children who must limit their intake to gluten-free foods is one that has faced an increasing number of patients and their parents as it has become increasingly apparent that this unfortunate condition afflicts many children previously thought to have "idiopathic" chronic diarrhea.

Even when the parents have brought the child to the family physician and he has identified the case as one of the peculiar malabsorption state known as celiac disease, the problem of patient care has been a trying one. The physician often faces the care of the case with little enthusiasm, because of the difficulties of caring for a patient in which the problem is one of a most difficult diet. With this cookbook in the hands of the patient's family many of the problems are solved . . . .

This book has been much needed and will fill a long-felt want, for it has large numbers of recipes which not only the child, but the rest of the family, can use, so it solves the need for cooking double meals, as has usually been the case in the past.

The book further is a fine introduction to the subject of celiac disease, and is written in such terms that the layman can get a good understanding of the disease as well as the problems encountered by the celiac. The busy family physician will find this an admirable way to save the need for the hours of family counseling which have been necessary in the past. The modest price of the book and its excellent format are added features of value.

LALL G. MONTGOMERY, M.D.
Muncie

CURRENT PRACTICE IN ORTHOPAEDIC SURGERY

John P. Adams, M.D., editor, Volume 4, C. V. Mosby Company, St. Louis, 1969; 286 pages; $22.50.

This is the fourth of a series concerning current practice in orthopaedic surgery. This volume was written by 14 contributors and has 11 chapters which are presented under three sections.

In the first section on history of American orthopaedic surgery, there are three articles, written by Alfred R. Shands, Jr. of DuPont Institute, concerning three prominent figures: Henry G. Davis, Lewis A. Sayre, and DeForest Willard.

In the second section on general orthopaedic surgery, J. Leonard Goldner has contributed articles on the surgical treatment of the club foot. His treatment of the subject is in such detail that the article is the longest in the entire book. There is a comprehensive article on fractures and dislocations of the cervical spine by Robert W. Bailey. Also included in this section are a short article on intertrochanteric osteotomy for treatment of hip arthritis and an article on flexion deformities of the fingers.

In the third miscellaneous section, contributions are not of an orthopaedic nature, but are related to the field. The articles include the field of anesthesia, physical therapy, and aspects of shock management.

There are 322 illustrations. The printing is good. Although this small volume has a high price, it is worth reading and helps to clarify "current practices" in orthopaedic surgery.

LEO ROTH, M.D.
W. P. LOH, M.D.
Gary

URINARY TRACT INFECTION IN CHILDHOOD AND ITS RELEVANCE TO DISEASE IN ADULT LIFE

Victoria Smallpeice, M.D., C. V. Mosby & Co., St. Louis, First Edition; 171 pages with 22 illustrations; $9.50

Medical literature is replete with articles by nephrologists, urologists, internists and pediatricians. This author has attempted to rectify the varying viewpoints. This is no minor task because the subject of pyelonephritis in its multiple aspects is controversial. That she partially succeeds is creditable.

Dr. Smallpeice has assayed to write a classical monograph. There are seven chapters with a brief "introduction" and an attenuated page of "conclusions." These last are modest, especially for 142 pages of text and a beautifully extensive bibliography. This again emphasizes the state of intellectual flux that is modern knowledge of urinary infections. I feel the last two chapters of "Treatment" and "Course and Prognosis" are of most specific value.

There is one paragraph (page 91) which illustrates what I would consider the colloquial flavor of the author's style: ". . .as compared with 6.5% amongst the girls. Furthermore, in only one case was complication found amongst the boys with infection and hematuria whilst amongst the girls a number of complications were present. . . ." There certainly is no reason *not* to use "-st" after the words while and among, but they occur frequently in this treatise.

Is the title phrase ". . . Relevance to Disease in Adult Life" justified? That is perhaps more than the reader can safely expect in a short book but the author makes a fine effort. The exact biometrical relation of childhood urinary infections to adult life will await the clinician of the future.

This is valid reading for all interested in the kidney in health and disease, especially those treating children. As the author states so well, prevention is the vital aspect of urinary infections in the young.

RODNEY A. MANNION, M.D.
LaPorte

THE CIBA COLLECTION OF MEDICAL ILLUSTRATIONS—VOL. 5—HEART

Frank H. Netter, M.D., edited by F. F. Yonkman, M.D., Little, Brown & Co., Boston, Mass., 1969; 243 full color plates; 295 pages; $30.00.

In the 16th century, we had Michelangelo and Leonardo da Vinci; we also had Vesalius who published in 1543 *De Humani Corporis Fabrica.* Now, the 1960's are ending and we have Dr. Netter putting out volumes of Medical *Illustrations.* This comparison is not made with any tongue in cheek jesting. After making all allowances for greater technical mastery over paper, printing and inks, we gaze with almost awe on the fantastic collection of plates adorning this latest slim volume: this time on the Heart.

The editor has chosen almost two score experts who write the explanatory notes that go with the color "sketches." Of course, these are superb. Still, it is the super clarity and artistry of Dr.

Continued

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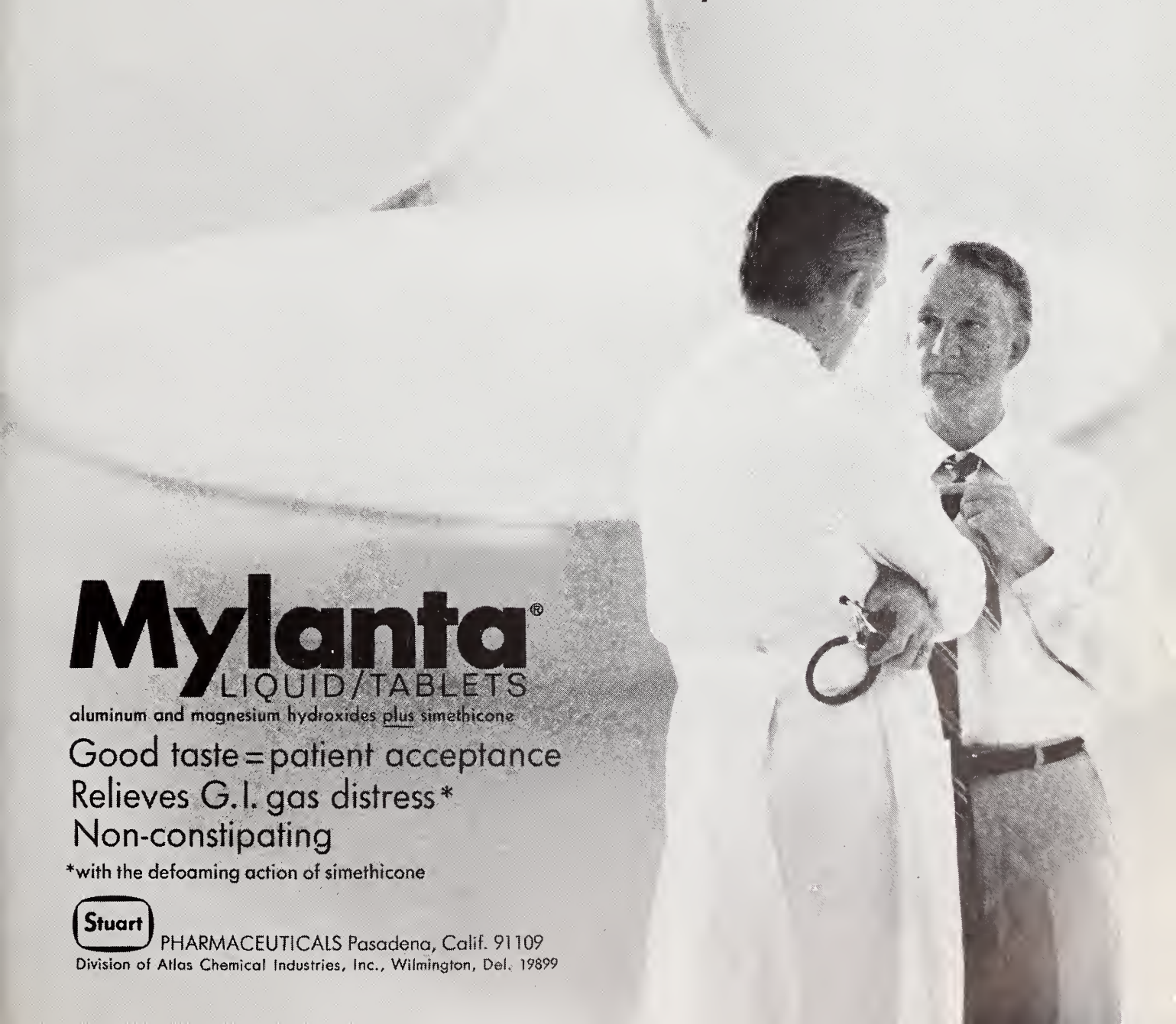

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Netter that continues to make these volumes the unforgettable experience that they are.

No encomium or panegyric of any reviewer can offer any further comment; Dr. Netter will tower over the field as long as textbooks continue being printed.

ARNOLD LIEBERMAN, M.D.
New York, N.Y.

Abstracts From Various Literature, Prepared by AMA

CARBON MONOXIDE HAZARD IN CITY TRAFFIC

C. J. Gothe et al. (Karolinska Sjukhuset, Stockholm)

Arch. Environ. Health 19:310-314, (Sept.), 1969.

The hazard of CO exposure in dense traffic was examined in policemen in three towns of different size by analysis of the car boxyhemoglobin (COHgb) in blood after they had controlled traffic during rush hours. The COHgb levels in nonsmokers were slightly increased in the group working in the largest town, but not in those working in the smaller towns. The mean COHgb levels in smokers were from three to five times higher than in nonsmokers. The COHgb in smokers tended to decrease when their hours of traffic duty increased, indicating that smokers who have stopped smoking excrete CO when they inhale air from crowded city streets. Since the increase of COHgb due to smoking conceals the effect exerted on COHgb by exposure to air in crowded city streets, the biologically significant CO exposure due to urban air pollution ought to be evaluated on the basis of the COHgb levels in the blood of nonsmokers.

HANGER PROSTHESES OFFERS BOOKLET ON AMPUTATIONS

This booklet has been designed for those physicians whose practice includes amputation. Limb Prosthetics gives ready references for each site of amputation as well as the prostheses recommended for each site.

Over 100 years of experience gained by the Hanger organization have gone into this carefully illustrated booklet. Illustrations include amputation sites for the leg and the arm, various Hanger prostheses and methods of suspension, postoperative care and preparation for prosthesis, plus selected photographs showing the child amputee and training for the above knee patient.

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EFFECT OF VITAMIN A ON REVERSING INHIBITORY EFFECT OF CORTISONE ON HEALING OF OPEN WOUNDS IN ANIMALS AND MAN

T. K. Hunt et al. (University of California School of Medicine, San Francisco)

Ann. Surg. 170:633-641, (Oct.), 1969.

An experimental study of the effects of topical and systemically administered vitamin A on cortisone-retarded open wounds shows that vitamin A stimulated healing. Antagonism between the two drugs apparently occurs in the wound itself. Two illustrative case histories show that vitamin A is clinically useful to stimulate cortisone-retarded healing. Systemic use of vitamin A in patients who are taking cortisone to suppress an inflammatory process must be undertaken carefully, if at all, since it may reactivate the basic disease process. Vitamin A may be important in some patients who escape from corticoid control. This combination of drugs is a step closer to biological control of healing.

FACTORS INFLUENCING SURVIVAL AFTER HUMAN HEART TRANSPLANTATION

G. L. Hallman et al. (Baylor College of Medicine, Houston)

Ann. Surg. 170:593-602, (Oct.), 1969.

During an 11-month period 19 cardiac transplant operations were performed in 18 patients. All recipients had end-stage heart disease due mainly to occlusion of the coronary arteries. All donors had irreversible brain damage. Operative technique was standardized and immunosuppressive therapy consisted of corticosteroids, azathioprine, and antilymphocytic globulin. Preexisting severe systemic diseases such as diabetes can prejudice the patient's survival and are likely to be aggravated by immunosuppressive therapy. There is a direct correlation between excellence of histocompatibility (lymphocytic typing. Terasaki) and duration of survival. Patients with better tissue matches have fewer episodes of rejection.

BREAST NEOPLASMA IN WOMEN WITH X-RAYS FOR ACUTE POSTPARTUM MASTITIS

F. A. Mettler, Jr., et al. (Jefferson Medical College, Philadelphia)

J. Nat. Cancer Inst. 43:803-811, (Oct.), 1969.

The incidence of benign and malignant breast tumors in 606 women treated with x-rays for acute postpartum mastitis was determined by mail survey. Thirteen confirmed cases of breast cancer were observed instead of the 5.86 expected in a comparable group of women. In five of the 13 women with cancer, only one breast cancer was treated; in each case, the cancer arose in the irradiated breast. Twenty-five surgically removed benign breast tumors were reported; four to five had been expected. Incidence of benign tumors appeared to have increased in untreated as well as treated breasts. There was no good evidence of a correlation between dose and incidence of malignant and benign tumors. Some breast cancers in this series could have been induced by prior x-ray treatment. ◄

Operating Room Technicians Form New Association

A new association, the Association of Operating Room Technicians, has been formed. This is a national organization with chapters throughout the United States. Indiana has a total of six chapters to date including Evansville, Fort Wayne, Indianapolis, Lafayette, Richmond and Terre Haute.

The purpose of this unique new organization is basically as follows:—"To unite Operating Room Technicians who have been given education and training to allow him/her to function in specifically delineated areas of nursing care in the O. R. To discuss and exchange knowledge, experience and ideas in the field of operating room skills, to promote a high standard of O. R. technician performance in the community for quality patient care and to stimulate interest in on-going education for the O. R. technician."

Local chapters meet once a month and the state usually has two or three meetings during the year for the entire membership. This gives members a chance to meet and compare notes, set up new education programs, hear excellent speakers, see new films and enjoy good fellowship. There is a challenge in the field of the O. R. for really fine team work and most of all for quality patient care! Technicians who are interested in joining please contact Mrs. Lorene Summers, 3630 N. Meridian Street, #16, Indianapolis, Indiana 46208.

Special thanks to the many organizations and people who have helped form this organization: namely, The American College of Surgeons, The Association of Operating Room Nurses, our surgery supervisors, and to many of us, the individual surgeon we work for.

Attend Course

Drs. Frank A. Beardsley, Jr., Frankfort; Gene Ress, Tell City; H. J. Stoller, Plymouth and Joseph G. S. Weber, Terre Haute, recently attended a continuing education course on "Ulcerative Disease of the Upper Gastrointestinal Tract" at the Medical Center of Indiana University-Purdue in Indianapolis.

On Panel

Dr. H. T. Goodman, health officer of the Vigo County Health Department, appeared on a panel devoted to a proposed air pollution control ordinance at a recent Chamber of Commerce meeting at Terre Haute.

Dr. Donaldson Speaks

Dr. Frank Donaldson, Anderson, spoke at a recent meeting of the South Meridian Church of God Homemaker's Club. He showed slides of India where he was a volunteer worker in a hospital.

Doctor Reappointed

Dr. James Rohrer, Elnora, has been reappointed to the Daviess County Health Board for a three-year-term.

John Shaw Billings History of Medicine Society April Meetings

Dr. Sprague Gardiner, Indianapolis, will speak on "Eponyms in Gynecology" at the April 8 meeting of the John Shaw Billings History of Medicine Society. Each monthly dinner meeting is preceded by a social hour on the mezzanine of the Student Union Building, I.U. Medical Center, Indianapolis, beginning at 6:30 p.m.

The special medical student lecture next month is set for April 1, during Dean's Hours. Speaker for this meeting will be Dr. Henry K. Beecher, Henry Isaiah Dorr Professor of Research in Anesthesia at Harvard Medical School. His topic will be "Historical Background of Modern Medical Ethics."

Dr. Ludwig Appointed

Dr. Paul E. Ludwig, Crawfordsville, has been reappointed to the Montgomery County Health Board for a four-year term expiring Dec. 31, 1973. Dr. Ludwig has served three years on the board.

New Officers

New officers of Vincennes Good Samaritan Hospital's medical staff for 1970 are: **Drs. Richard Stein, president; Nathaniel Ewing, vice-president and Richard Keys, secretary.**

Named Chief of Staff

Dr. Thomas H. Gootee, Jasper, has been named chief of staff of Memorial Hospital there. Also elected was **Dr. Don Bomalaski, secretary.**

Dr. Durham Named

Dr. Lowell J. Durham, LaPorte, has been appointed to a four-year term on the LaPorte County Board of Health.

Post Office Department Needs New Medical Officer at Indianapolis

The Post Office Department needs a new Medical Officer for the Indianapolis, Indiana Post Office.

The basic function of the position is to operate a medical facility for providing authorized and necessary employee health services in the administration of this post office with approximately 4350 employees.

Applications for the position will be accepted by C. H. Boswell, Postmaster. Detailed information may be obtained from the Director, Office of Personnel, in the Indianapolis Post Office.

Dr. Snively Honored

Dr. W. D. Snively, Jr., former Mead Johnson & Co. executive at Evansville, has been listed in the National Register of Prominent Americans. Dr. Snively, who retired last year, is the author of several books, has lectured on three continents and is a professor on the faculty of the Alabama University School of Medicine.

Doctor on Seminar

Dr. Cyrus Houshmand, Bloomington, spoke on "Early Detection Through Breast Self-Examination" recently at the Lake County Breast Cancer Education Project scientific seminar in Griffith. Dr. Houshmand is chairman of the Breast Cancer Committee of the Indiana Division, American Cancer Society. **Dr. Joseph Kopcha, Gary,** was moderator and **Dr. Joseph J. Tyrrell, Calumet City, Ill.,** was the project medical coordinator.

Continued

NEWS NOTES

Continued

Tuberculosis Speaker

Dr. John D. Miller, Indianapolis, was guest speaker recently for the annual meeting of the Dearborn County Tuberculosis Association. Dr. Miller is clinical director of the Pulmonary Diseases Service at Marion County General Hospital.

Miles Laboratories Acquires Worthington Foods, Inc.

Miles Laboratories of Elkhart and Worthington Foods of Worthington, Ohio, have agreed to an exchange of common stock which will merge Worthington Foods with Miles. Worthington specializes and is a pioneer in the production of vegetable protein foods which form a basis for nutritionally controlled products to meet the needs of convenience, calorie control and low cholesterol products.

On Panel

Drs. Kent Guild and James S. Robertson, both of Plymouth, appeared on a panel discussion on "Drug Abuse—Could It Happen Here?" recently at the Plymouth First United Methodist Church. Dr. Guild was also panel moderator.

Speaker at Seminar

Dr. Lindley H. Wagner, Lafayette, was guest speaker at a recent meeting of the Social Welfare Agencies of Tippecanoe County. Dr. Wagner is director of medical education for Home and St. Elizabeth hospitals there.

Dr. Donaldson Speaks

Dr. Frank Donaldson, Anderson, spoke recently at a meeting of the Welcome Wagon Newcomer's Club at the Anderson YWCA. He discussed "Mission Work in India" and showed slides on his volunteer work at a mission hospital last year.

Meeting Speaker

Dr. Jack Cullison, director of medical education at Ball Memorial Hospital, Muncie, spoke on "The Coronary Care Unit" at a recent meeting of the Blackford County Heart Association.

Emergency Health Services Digest Now Available

"Emergency Health Services Digest" is a new HEW periodical with information for everyone who is interested in emergency treatment.

The first issue contains summaries of 57 articles selected from current professional literature. Each article deals with some aspect of planning, programming, training or delivery of emergency medical and health services.

The "Digest" is available from the U.S. Government Printing Office, Washington, D.C. 20402, at 40 cents a copy. The second issue will be published soon.

Dr. Barch Named

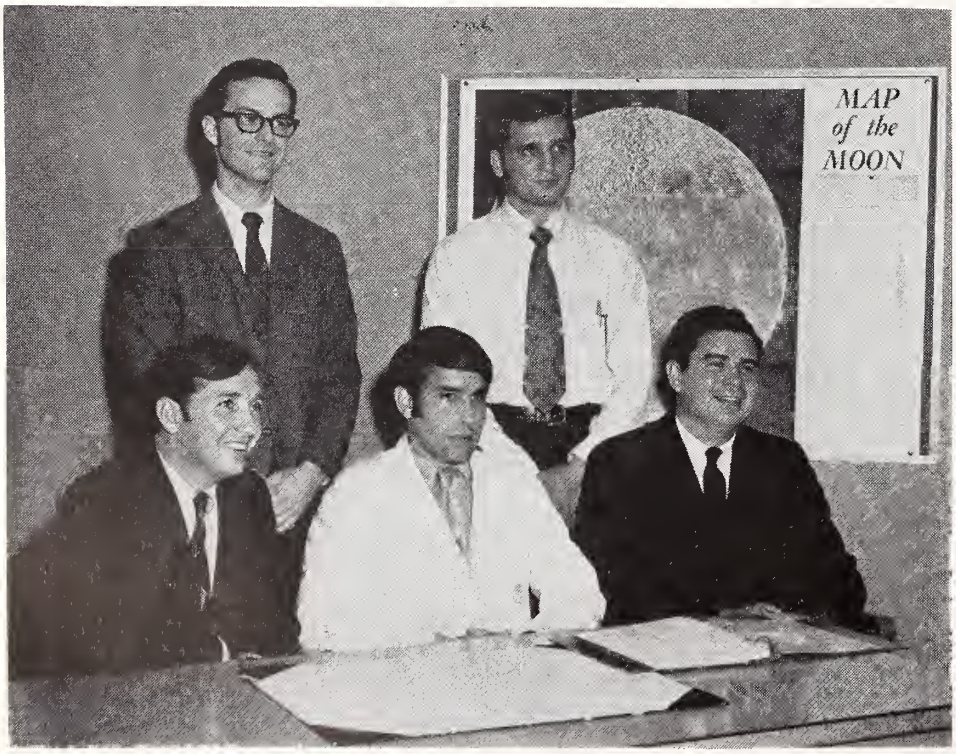
Dr. John W. Barch, Fort Wayne, has been named chief medical director of the Lincoln National Life Insurance Company there. Dr. Barch joined the company's medical department in 1957.

Seminar on Cancer

Dr. Renate G. Justin, Terre Haute, recently completed the Inter-disciplinary Cancer Seminar at the I.U. Medical Center.

Rotary Speaker

Dr. James M. Kirtley, Crawfordsville, spoke on "Twenty-Five Years After Normandy" at a recent meeting of the Crawfordsville Rotary Club.



MEDICAL SCHOLARS—Three of the four New York Life Medical Scholars at the School of Medicine of Indiana University—Purdue University at Indianapolis are shown as they went over their program with New York Life representatives. Seated are, from left to right, Robert E. Janney, general manager of the Indianapolis General Office of New York Life Insurance Company; Kenneth Lee Culbertson, Milton, senior student who was selected in 1966 as the first New York Life Scholar, and John I. Murray, general manager of the Central Indiana General Office for the company. Standing are Alan Scott Ray, Richmond, newly-appointed Scholar, and Richard Allen Tibbels, Evansville, sophomore student who entered the program last year. Not in the picture is Douglas F. Johnstone, Martinsville, the junior class Scholar.

New President-Elect

Dr. Joseph E. Walther, Indianapolis, has been elected president-elect of the American College of Gastroenterology. Dr. Walther is president of the Winona Memorial Foundation and a Winona Hospital medical staff member.

Syntex Laboratories Schedules $16 Million Expansion Program

Syntex research and administrative facilities at Palo Alto have scheduled a $16 million expansion program. Six buildings will be added—two research structures and an animal wing, an administration building for Syntex Laboratories, a food services building and a power plant.

Syntex is located in a 100-acre park of the Stanford Industrial Park. The new research facilities will allow consolidation of some of the laboratories which are located outside the main site.

Joint Medical Program

The second quarterly meeting of the joint medical education program of the three Evansville hospitals drew 72 doctors and other staff members to Deaconess Hospital recently.

Participating physicians on a panel included **Drs. Stephen C. Ferguson, John P. Longstaff, James A. Marvel, Theodore J. Pavlick and Thomas J. Rusche. Dr. John D. Wilson was chairman.**

Information Requested for Directory of Drug Information

The Student Association for the Study of Hallucinogens is compiling a Directory of Drug Information Groups as a source guide of pertinent information on organizations concerned with drugs and drug education.

It is requested that the names and addresses of such organizations be submitted to the association, together with the name of one individual serving as president or secretary. Any drug education, drug information or drug counseling may be registered in this manner, in order to facilitate referrals. The address of the Association is 638 Pleasant St., Beloit, Wisconsin 53511.

Dr. Tyler Speaks

Dr. Edward Tyler, professor of psychiatry at the I.U. School of Medicine, spoke on "Sex Education for Children" to the St. Mary's Hospital medical staff recently at Evansville.

Technicians Meeting

Dr. J. Robert Ball, Fort Wayne, spoke before a recent meeting of the Association of Operating Room Technicians at Lutheran Hospital there.

American Hospital Supply Appoints New Architect

Thomas D. Green, a graduate of Purdue in engineering and of the University of Illinois in architecture, has been appointed to the position of architect with American Health Facilities (AHF).

AHF offers general hospitals a package plan for the construction, financing and equipping of extended care facilities. This includes a modular design concept by The Office of Mies van der Rohe which can save a hospital up to 50% per patient day in operating costs.

Physicians on Program

Drs. S. Bruce Kephart and Herbert W. Lohmuller, Bluffton, presented an educational program for the women of Wells County, in cooperation with the Wells County Unit of the American Cancer Society. Films were shown and a question and answer period followed.

Complete Special Course

Several Indiana physicians attended the recent course on "Blood Diseases of Children" at the Medical Center of Indiana University-Purdue University in Indianapolis. They included: **Drs. Jerard G. Ruff, Bloomington; Phyllis A. Grant, New Castle; Joseph Moheban, Shelbyville; R. H. Maschmeyer, Logansport and William P. Winter, Martinsville.**

Complete Seminar

Drs. Lawrence E. Allen and Rex W. Dixon, both of Anderson; Dr. David Sorg, Bluffton and Dr. Frank D. Pairitz, South Bend, recently completed the Interdisciplinary Cancer Seminar at the Medical Center of Indiana University-Purdue University at Indianapolis.

Speaks at Conference

Dr. Gabriel Rosenberg, director of postgraduate education at Methodist Hospital, Indianapolis, spoke on the diagnosis of birth defects at the third annual conference on birth defects held in Marion recently. **Drs. Marshall Trusler and William Lindseth, both of Indianapolis,** spoke at the dinner session of the meeting.

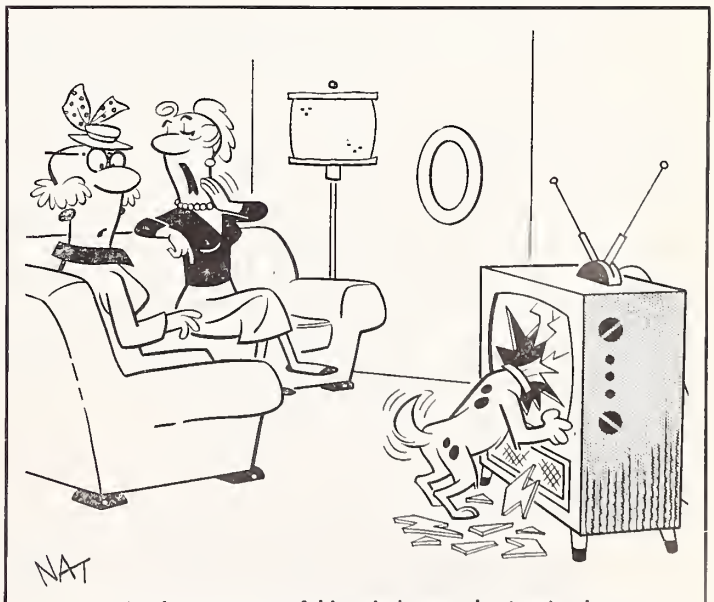
Dr. Rutherford Speaker

Dr. Charles E. Rutherford, Lafayette, was keynote speaker at the first of a series of continuing educational programs for the Indiana Licensed Practical Nurses Association held recently at Lafayette. Dr. Rutherford spoke on the cardiac pacemaker.

Two Pharmaceutical Companies Consolidate Research Activities

The research activities of the National Drug Company and Wm. S. Merrell Company, both divisions of Richardson-Merrell, are being consolidated in Cincinnati. The consolidation will centralize the research programs and will aid in curbing the fast-rising cost of research. Richardson-Merrell will spend almost $18 million on research this year.

Continued



He simply goes out of his mind over the Lassie show.

NEWS NOTES

Continued

Dr. Steward Speaks

Dr. Paul Steward, Cedar Lake, answered questions from members of the Lowell Junior Women's Club meeting recently after a movie from the American Cancer Society, entitled "Breast Self-Examination," was shown.

Scout Meeting

Dr. Roger Newton, Evansville, was one of the principal speakers at a recent meeting of Girl Scout leaders from the 11-county Raintree Council. The group discussed "Teen-Age Attitudes Toward Drugs and Sexual Freedom" with a panel of young people taking part.

Dr. Keyes Named

Dr. Robert Keyes, Fort Wayne pediatrician, has been named chairman of a committee from the Fort Wayne Medical Society which arranged a mass immunization program against rubella (German measles) in the Fort Wayne area schools.

American Medical Enterprises Acquires Stock in London Clinic

American Medical Enterprises of Los Angeles, which operates 13 general hospitals in the U.S., is acquiring a substantial amount of capital stock in the Harley Street Clinic in London, England. Harley Street Clinic is a modern private hospital for acute cases.

Dr. Lewis Speaks

Dr. James Lewis, Richmond, was guest speaker for the monthly meeting of the District No. 7 of the Indiana Society of Radiologic Technologists recently at Richmond. Dr. Lewis spoke on "What is Medical Death."

Addresses Assistants

The regular monthly meeting of the Grant County Association of Medical Assistants was held recently at the offices of **Dr. Eugene S. Rifner, Van Buren.** Dr. Rifner led a discussion of the use and abuse of drugs and their effects in this generation.

Dr. Casey Speaks

Dr. S. M. Casey, Huntington, was the speaker at a recent meeting of the Huntington County Cancer Society, Inc. He talked about the new x-ray machine in use at the Huntington County Hospital and gave highlights of his recent trip to Copenhagen, following the meeting.

Res-Q-Aire and Clar Aire Called Dangerous; Destruction is Urged

The Emergency Care Research Institute calls attention to two dangerous emergency respiration support units—*Res-Q-Aire* and *Clar Aire*. Both are faulty and should be destroyed. Clar Aire was voluntarily withdrawn from the market by its manufacturer. However Res-Q-Aire is still being marketed.

Dr. Zweig Named

Dr. Elmer S. Zweig, Fort Wayne general practitioner, has been named chairman of the Advisory Committee on Alcoholism, a voluntary subcommittee of the Community Co-ordinating Center, a United Fund agency.

Voluntary Medical Insurance Premium Goes up for Older People

Health, Education and Welfare Secretary Robert H. Finch has announced that the voluntary medical insurance premium older people pay for Medicare will be $5.30 a month for the 12-month period that begins next July 1.

Secretary Finch noted that the present $4 premium rate, set in December, 1968, is too low to cover costs during the current premium period and that the special Medical Insurance Trust Fund is now drawing on its reserves.

He stressed that failure to increase the premium rate last December, in accordance with advice from Social Security Administration actuaries has made it necessary now, in effect, to promulgate two increases at once. Moreover, the depletion of the trust fund that has occurred because of the inadequate rate has made it necessary, Secretary Finch said, to provide for a somewhat higher margin of contingency than would otherwise be necessary.

About half the increase announced—64 cents—is needed just to finance the program at the level of current operations. The other 66 cents of the $1.30 increase in the monthly premium rate will be needed for the following purposes:

—26 cents to cover an estimated increase of about six percent in the level of physicians' fees;

—about 12 cents to cover an estimated increase of two percent in the utilization of services under the program;

—about 6 cents because the $50 deductible which a patient pays will be a smaller proportion of the total covered charges;

—the remaining 22 cents to provide a four percent margin for contingencies. This margin is needed because the estimates are based upon minimum reasonable assumptions and because the trust fund out of which this program is financed will be at a low level at the beginning of the premium period on July 1, 1970.

The medical insurance program supplements the basic hospital insurance part of Medicare by helping to pay doctor bills and a wide variety of other medical expenses in and out of the hospital. The premiums paid by people 65 and older who are enrolled in the medical insurance part of Medicare cover half the cost of their protection. The other half comes out of general Federal revenues. The Medicare law provides for annual review of the costs of the medical insurance program and for any necessary adjustments in the premium rate by January 1. The law requires that the premium rate be sufficient to cover all expenses incurred during each premium period.

Indiana Medical Foundation

The Indiana Medical Foundation was organized to furnish support for the educational activities of the Indiana State Medical Association. These activities include programs for continuing education and the scientific publications of *The Journal.* Contributions made to the foundation are deductible by donors in accordance with the Internal Revenue Code. Bequests, legacies and gifts are deductible for federal estate and gift tax purposes. Memorial contributions made to the foundation will be formally recorded and acknowledgment will be sent to the family. Gifts, bequests, and memorial contributions may be mailed to the foundation at 3935 N. Meridian St., Indianapolis 46208.

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UP TO 12 HOURS CLEAR BREATHING ON ONE TABLET

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Contraindications: Hypersensitivity to antihistamines. Not recommended for use during pregnancy.
Precautions: Until patient's response has been determined, he should be cautioned against engaging in operations requiring alertness. Administer with care to patients with cardiac or peripheral vascular diseases or hypertension.
Side Effects: Hypersensitivity reactions including skin rashes, urticaria, hypotension and thrombocytopenia, have been reported on rare occasions. Drowsiness, lassitude, nausea, giddiness, dryness of the mouth, mydriasis, increased irritability or excitement may be encountered.
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Driver Escapes Serious Injury When Truck Jackknifes

SHENANDOAH, JULY 16. Roger Sherman of Waynesboro suffered head lacerations but escaped serious injury when the tractor-trailer he was driving skidded on Deep Run Bridge and jackknifed. It took rescue workers thirty minutes to remove him from the cab which was dangling over the edge of the bridge. Sherman is resting comfortably in University Hospital where his condition is listed as satisfactory.

Phenaphen® with Codeine

Phenaphen with Codeine Nos. 2, 3, or 4 contains: Phenobarbital (¼ gr.), 16.2 mg. (warning: may be habit forming); Aspirin (2½ gr.), 162.0 mg. Phenacetin (3 gr.), 194.0 mg.; Hyoscyamine sulfate, 0.031 mg. Codeine Phosphate, ¼ gr. (No. 2), ½ gr. (No. 3), or 1 gr. (No. 4) (warning: may be habit forming).

The compound analgesic that calms instead of caffeinates

Indications: Phenaphen with Codeine provides relief in severer grades of pain, on low codeine dosage, with minimal possibility of side effects. Its use frequently makes unnecessary the use of addicting narcotics. **Contraindications:** Hypersensitivity to any of the components. **Precautions:** As with all phenacetin-containing products excessive or prolonged use should be avoided. **Side effects:** Side effects are uncommon, although nausea, constipation and drowsiness may occur. **Dosage:** Phenaphen No. 2 and No. 3—1 or 2 capsules every 3 to 4 hours as needed; Phenaphen No. 4—1 capsule every 3 to 4 hours as needed. For further details see product literature.

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FUTURE MEETINGS, SEMINARS, COURSES

Indiana Academy of General Practice Announces 22nd Annual Scientific Session

The Indiana Academy of General Practice will hold its 22nd annual scientific session April 13-16 at Stouffer's Inn, Indianapolis.

Dr. Forest D. Daugherty, Columbus, is chairman of the scientific program and Dr. Richard L. Westerman, Zionsville, is chairman of the scientific exhibits.

Dr. Edward J. Kowalewski, president of the American Academy of General Practice, will address members of the House of Delegates and install the new IAGP officers on April 14th. The session is approved for 12 prescribed hours by the American Academy of General Practice.

For further information, write Mrs. Jackie Schilling, Executive Secretary, Indiana Academy of General Practice, 700 N. Alabama St., Indianapolis 46204.

Institute for Sex Research Summer Program in Human Sexuality

The Institute for Sex Research of Indiana University will hold a summer program in Human Sexuality July 19-31 at Bloomington.

The program will include a general lecture course in human sexuality, the use of task groups to promote awareness of sexual attitudes and their role in sex education and counseling, and a workshop in technics of sex education.

For further information, write to Summer Program, Institute for Sex Research, Bloomington 47401. Registration ends May 15.

"Drug Therapy in Control of High Blood Pressure" Program in Muncie

A regional scientific program on "Drug Therapy in Control of High Blood Pressure" will be given April 1 at Ball State University, Muncie. The program is co-sponsored by the Indiana Heart Association, the East Central Indiana Heart Association and the Indiana Academy of General Practice.

The afternoon program, from 1 to 5 p.m., will feature the following speakers: Drs. William R. Storer, Indianapolis, "Diagnosis of Hypertension"; B. L. Martz, Indianapolis, "Pharmacology of Hypertensive Drugs"; and R. W. Gifford, Cleveland, "Management of Hypertension."

The program is approved for 4 prescribed hours by the Indiana Academy of General Practice.

Interested physicians should contact David Livengood, Indiana Heart Association, 615 N. Alabama St., Indianapolis 46204.

Flying Physicians to Meet in Vancouver, B.C., in August

The Flying Physicians Association will hold its 16th annual meeting, its first outside the United States, in Vancouver, British Columbia, on August 23 to 28. The Bayshore Inn will be headquarters. Between 700 and 900 persons are expected to attend.

Facilities will be ready for more than 200 aircraft. The association, which had 700 members in 1955, now has over 2200. Doctors from all over the world belong—all members must hold valid pilot certificates and must belong to a medical society which is approved by the association's directors.

Indiana Physicians to Speak at Boerhaave Postgraduate Course

Drs. Carl B. Sputh and Sydney L. Stevens, Indianapolis, will be members of specialist faculty of the Boerhaave Postgraduate Course in "Functional Corrective Surgery of the Nasal Septum and External Pyramid" which will be conducted at Leiden University in Leiden, Holland, August 30 to September 9.

The official language is English. More than thirty distinguished specialists will participate. Course membership is limited. For full information and application forms write to J. Stelling, M.D., Afd. K.N.O., Academisch Zickenhuis, Leiden, Holland.

Postgraduate Course on "Sports Medicine" at Cleveland Clinic

"Sports Medicine" will be the subject of a postgraduate course to be conducted by the Cleveland Clinic Educational Foundation on April 6 and 7. Tuition is $35.

For program and further details write the Education Secretary of the Foundation, 2020 E. 93rd St., Cleveland 44106.

Postgraduate Course in Laryngology, Bronchoesophagology April 6-17

The Department of Otolaryngology of the Eye and Ear Infirmary

Continued

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of the University of Illinois Hospital and the College of Medicine of the University of Illinois at the Medical Center, will conduct a postgraduate course in Laryngology and Bronchoesophagology April 6 through 17.

This course is limited to 15 physicians and will be under the direction of Paul H. Holinger, M.D. It will be held largely at the Eye and Ear Infirmary, 1855 W. Taylor St., Chicago, and will include visits to a number of other Chicago hospitals. Instruction will be provided by means of animal demonstrations and practice in bronchoscopy and esophagoscopy, diagnostic and surgical clinics, as well as didactic lectures.

Interested registrants will please write directly to the Department of Otolaryngology, College of Medicine, University of Illinois at the Medical Center, Postoffice Box 6998, Chicago, Illinois 60680.

University of Colorado Offers Respiratory Insufficiency Course

"Management and Care of Respiratory Insufficiency" will be discussed at a three-day symposium, April 15 to 17, at the University of Colorado School of Medicine in Denver. Tuition is $75.

Write the Office of Postgraduate Medical Education, 4200 E. Ninth Ave., Denver 80220 for full details.

VA Announces "Care of Spinal Cord Injury Patients" Course

The VA's fourth postgraduate course in the "Care of Spinal Cord Injury Patients" will be held in the VA Hospital at Long Beach, California, on May 18 to 22.

Applications should be submitted to Director, Spinal Cord Injury Staff, 810 Vermont Ave., N.W., Washington, D.C. 20420.

Annual Otolaryngologic Assembly Set for September 19-25

The Annual Otolaryngologic Assembly of 1970 will be held September 19 through 25 in the Eye and Ear Infirmary of the University of Illinois Hospital. The Department of Otolaryngology, College of Medicine, University of Illinois at the Medical Center, offers a condensed postgraduate basic and clinical program for practicing otolaryngologists under the direction of Doctor Emanuel M. Skolnik. It is designed to bring to specialists current information in medical and surgical otorhinolaryngology.

A separate, but correlated course "Conference on Radiology in Otolaryngology and Ophthalmology" will be held this year on November 27 and 28, under the guidance of Doctor Galdino E. Valvassori. For further information about the radiology conference, write to Professor Valvassori, Radiology Department, College of Medicine.

Interested otolaryngologists should direct their inquiries to the mailing address: Otolaryngology, P.O. Box 6998, Chicago, Illinois 60680.

Luncheon Seminar on Cryosurgical Procedures in EENT Set for October 4

A luncheon seminar on cryosurgical procedures in EENT will be held on Sunday, October 4, at the Dunes Hotel, Las Vegas, immediately preceding the October 5 meeting of the American Academy of Ophthalmology and Otolaryngology.

Several papers will be read covering cryosurgery for the eye and for the ear, nose and throat. For full information write Secretary, Society for Cryosurgery, 30 N. Michigan Ave., Chicago 60602.

Educational Course Announced on Clinical Electroencephalography

A continuation course on "Current Practice of Clinical Electroencephalography" will be held September 14-16 in Washington, D. C. The course is designed to review the principal applications of the EEG to clinical medical practice, and is sponsored by the American Electroencephalographic Society.

Inquiries about further details of the course or registration procedure should be addressed to Dr. Donald W. Klass, EEG Course Director, Mayo Clinic, Rochester, Minnesota 55901.

American Fertility Society Scientific Meeting March 18-20

The American Fertility Society will hold its Third Postgraduate Course and Annual Scientific Meeting at the Washington-Hilton Hotel, Washington, D.C., on March 18, 19 and 20. All interested physicians are invited to attend.

Ninth National Conference on Therapies for Advanced Cancers

The Ninth National Conference on Therapies for Advanced Cancers will be held at the University of Wisconsin Postgraduate Center on August 20 to 22. For information write Dr. R. J. Samp, University Hospitals, Madison, Wisconsin 53706.

Ninth Annual Seminar on Cancer and Diseases of Breast May 14-16

The Ninth Annual Seminar on Cancer and Diseases of the Breast will be held in Denver at the Brown Palace Hotel on May 14 to 16.

Surgeons, radiologists, pathologists, teachers, residents and technologists who are interested in diagnosis and management of early breast cancer are invited to attend. A faculty of more than sixty physicians will participate in the program.

Those interested in attending should write to Dr. Wendell P. Stampfli, St. Luke's Hospital, Denver, Colorado.

40th Annual Tri-State Hospital Assembly Will be May 4-6 in Chicago

The 40th Annual Tri-State Hospital Assembly will meet at the Palmer House, Chicago, May 4 to 6.

The program will be in charge of 27 educational conference chairmen, each representing an important in-hospital function. Indiana will be well represented.

For complete details and copies of program write the Assembly at 400 N. Michigan Ave., Chicago 60611.

Three-Week Summer Course in Research Instrumentation in New York

A three-week summer course in Research Instrumentation will be conducted at Polytechnic Institute of Brooklyn for those who need a working knowledge of electronic instrumentation as applied to problems in research. This includes members of the medical profession who are interested.

The course will be held from July 25 to August 15 on the downtown Brooklyn campus at 333 Jay St. The tuition of $550 covers all laboratory fees, textbooks and special notes. Write Prof. Kenneth Jolls, 333 Jay St., Brooklyn, New York 11201. ◄

INDIANA STATE BOARD OF HEALTH

MONTHLY REPORT—January, 1970

Disease	Jan. 1970	Dec. 1969	Nov. 1969	Jan. 1969	Jan. 1968
Animal Bites	312	350	626	236	253
Chickenpox	619	302	252	685	476
Conjunctivitis	83	56	74	96	37
Diphtheria	0	0	0	0	0
Dysentery, Unspecified	37	6	26	15	62
Gonorrhea	590	824	637	484	391
Impetigo	94	91	169	99	64
Infectious Hepatitis	46	79	62	22	11
Infectious Mononucleosis	85	71	84	61	57
Influenza	2845	1546	1076	38177	9943
Measles					
Rubeola	26	23	8	31	88
Rubella	124	81	67	68	20
Meningitis, Meningococcal	1	5	3	7	4
Meningitis, Other	2	9	1	3	3
Mumps	196	238	206	235	416
Pertussis (whooping cough)	0	2	6	6	8
Pneumonia	456	440	278	754	246
Poliomyelitis	0	0	0	0	0
Streptococcal Infections	867	582	556	725	675
Syphilis					
Primary & Secondary	39	44	48	30	19
All Other Syphilis	68	108	94	89	50
Tinea Capitis	2	1	2	26	12
Tuberculosis (Active)	101	47	59	61	40

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Deaths

John B. Hickam, M.D.

Dr. John B. Hickam, chairman of medicine at the I.U. School of Medicine, died Feb. 9 in Chicago at the age of 55.

Graduated from Harvard University School of Medicine in 1940, Dr. Hickam was first an intern and then senior house officer at Boston's Peter Bent Brigham Hospital. He then went to Grady Hospital of Emory University for a residency in medicine.

Dr. Hickam began his academic career at Emory University School of Medicine as an instructor in medicine and in 1947 was appointed to the faculty of the Duke University School of Medicine. He had risen to professor of medicine at Duke when he resigned to accept the appointment at Indiana.

Dr. Hickam was one of the most influencial members of the school of medicine faculty group which developed a new medical curriculum that has become a pattern for reform and innovation in medical education throughout the United States. More recently, he had the primary responsibility for developing the new education and service affiliation between the school of medicine and Marion County General Hospital.

Internationally recognized in medical research, particularly in the areas of lung, heart, and circulatory system diseases, Dr. Hickam was one of the authors of the Surgeon General's Report on Smoking and Health which officially recognized the statistical link between smoking and cancer and lung disease.

In addition to his own research, Dr. Hickam was responsible for the administration of research programs at I.U. He was in Chicago at the time of his death to address several national medical education organizations.

Dr. Hickam was a member of many academic, scientific, and honorary societies: Phi Beta Kappa; the American Society for Clinical Investigation; the American Federation for Clinical Research; the American College of Physicians; the American Board of Internal Medicine; the American Trudeau Society; the Association of American Physicians; the American Clinical and Climatological Association.

He was president of the Central Society for Clinical Research; president of the Association of Professors of Medicine; a member of the National Board of Medical Examiners; secretary-treasurer of the American Board of Internal Medicine; secretary-treasurer of the Association of American Physicians; a director of the Thomas A. Edison Foundation; a director of the Regenstrief Foundation and a member of the Marion County Medical Society.

Edgar G. Bridwell, M.D.

Dr. Edgar G. Bridwell, 61, a Bedford physician for 25 years, died Jan. 27 at Dunn Memorial Hospital.

A native of Marceline, Mo., Dr. Bridwell was graduated from the I.U. School of Medicine in 1938. He went to Bedford after serving four years in the Army Air Corps in World War II. Dr. Bridwell was a Delphi physician before going to the service and was a past president of the Lawrence County Medical Society.

James C. Brown, M.D.

Dr. James C. Brown, Valparaiso physician, died Jan. 20 while on duty at Porter Memorial Hospital. He was 67.

A practicing physician in Valparaiso since 1931, Dr. Brown was an anesthesiologist. He was graduated from the I.U. School of Medicine in 1930, served as a major in the medical corps during World War II and had been president of the Porter County Medical Society.

Hugh W. Eikenberry, M.D.

Dr. Hugh W. Eikenberry, past president of the State Board of Medical Registration and Examination, died Dec. 28 at Indianapolis at the age of 61.

A former member of both the Miami and Marion County Medical Societies, Dr. Eikenberry was graduated from the Hahnemann Medical College in 1934. He had practiced medicine at Peru for seven years and at Indianapolis for 24 years. He was a member of the State Board of Medical Registration and Examination for 13 years, before and following World War II, and served as its president for 10 years.

Paul Furgason, M.D.

Dr. Paul Furgason, 66, died Jan. 8 at his home in Cambridge City.

A retired physician, Dr. Furgason moved to Big Springs, Texas, about 12 years ago from Indianapolis to practice in the Veterans Administration Hospital there. He was graduated in 1927 from the I.U. School of Medicine. Dr. Furgason retired last May and returned to Cambridge City.

He was a former member of the Marion County Medical Society.

Lowell Hunter, M.D.

Dr. Lowell Hunter, a general practitioner in southeastern Indiana for 39 years, died Dec. 24 in Cincinnati. He was 66 years old.

Born in Versailles, Dr. Hunter was graduated from the University of Louisville School of Medicine in 1929, and following his internship, practiced at Versailles for five years. In 1935 he moved to Milan and then in 1959 he and several other physicians founded the Ludlow Hill Clinic at Lawrenceburg where he prac-

ticed until his semi-retirement in 1968. He was an ISMA delegate and member of the Dearborn-Ohio County Medical Society.

Thomas J. Marshall, M.D.

Dr. Thomas J. Marshall, 86-year-old physician who retired in Indianapolis after many years service as a physician in Clark County, died Jan. 17 in an Indianapolis nursing home.

A native of Deputy, Dr. Marshall was graduated from the University of Louisville in 1910. He retired in 1963 after practicing 53 years at Charlestown. A Senior Member and member of the ISMA 50-Year Club, Dr. Marshall was a member of the Clark County Medical Society.

R. J. Steckler, M.D.

Dr. Robert J. Steckler, 47, former Evansville physician, died Jan. 21 in Thousand Oaks, Calif.

Graduated from the University of Maryland in 1949, Dr. Steckler practiced general medicine and surgery in Evansville for five years. For the last 11 years he specialized in radiology in California. He was a former member of the Vanderburgh County Medical Society.

Mallory P. Weems, M.D.

Dr. Mallory P. Weems, eye, ear, nose and throat specialist at Jeffersonville, died Dec. 28 at his home there. He was 70.

A native of Dickson, Tenn., Dr. Weems was graduated from the University of Louisville School of Medicine in 1927. He had practiced at Jeffersonville for 30 years. A World War II officer in the Army Medical Corps, Dr. Weems was a member of the Clark County Medical Society.

Charles G. Weissman, M.D.

Dr. Charles G. Weissman, Hammond psychiatrist, died Dec. 24 at the age of 58.

Graduated from the University of Illinois in 1939, Dr. Weissman was a member of the Lake County Medical Society. ◄

County, District News

Carroll

Dr. George Wagoner, Delphi, has been elected president of the Carroll County Medical Society for 1970. Other new officers include: Drs. Don Wagoner, Burlington, vice president and Robert Seese, Delphi, secretary-treasurer.

Cass

New secretary of the Cass County Medical Society is Dr. Russell A. Eckert, Logansport.

Clark

The 1970 officers of the Clark County Medical Society will be: Drs. Hassi Shina, Charlestown, president and Jose Torres, Jeffersonville, secretary-treasurer.

Dearborn-Ohio

The Dearborn-Ohio County Medical Society met Jan. 8 to hear Mrs. Pat Rosenberger speak on "Mid-wifery in Kentucky" and conduct the usual monthly business activities.

Fort Wayne

The Fort Wayne Medical Society and the Allen County Heart Association cosponsored the Jan. 6 meeting of the society. Speaker was Dr. Earl K. Shirey of the Cleveland Clinic who spoke on "Coronary Arteriography."

Fountain-Warren

New officers of the Fountain-Warren County Medical Society were elected at the group's Jan. 8 meeting. The officers are: Drs. William Ringer, Williamsport, president and Theodore Persons, Veedersburg, secretary-treasurer.

Fulton

Dr. Peter R. Petrich, Attica, spoke at the Jan. 14 meeting of the Fulton County Medical Society.

Gibson

Dr. David Lindauer, Princeton, is the new president and Dr. James F. Peck, Princeton, the new secretary-treasurer of the Gibson County Medical Society.

Hancock

Newly-elected officers of the Hancock County Medical Society are: Drs. Joseph Miller, Oaklandon and Bienvenido Singco, Greenfield, secretary-treasurer.

Henry

New president of the Henry County Medical Society is Dr. Leonard H. Wiatt, Knightstown. Dr. Paul T. KinKade, New Castle, was re-elected secretary-treasurer.

Huntington

Dr. Ronald H. Scheeringa, Fort Wayne, spoke at the Jan. 13 meeting of the Huntington County Medical Society.

Jasper

New officers of the Jasper County Medical Society are: Drs. K. R. Ockermann, Rensselaer, president and F. E. O'Brien, Rensselaer, secretary-treasurer.

Johnson

Dr. John M. Records, Franklin, is the new president and Dr. Mac C. Roller, Franklin, the secretary-treasurer of the Johnson County Medical Society.

Knox

The Knox County Medical Society will be led by Dr. Thomas Barrett, president, for the coming year. Dr. Malcolm Floyd was re-elected secretary-treasurer. Both of the officers are from Vincennes.

LaGrange

Dr. Allen S. Martin, Shipshewana, is the new president and Dr. Francis X. Colligan, Topeka, the new secretary-treasurer of the LaGrange County Medical Society.

Marshall

Dr. Robert Denham, South Bend, spoke on "Initial Treatment of Orthopedic Trauma" at the Jan. 6 meeting of the Marshall County Medical Society.

Montgomery

Drs. William Storer and Harry Siderys, both of Indianapolis, spoke on "Vein Graft

for Cardiac Angina" at the Jan. 15 meeting of the Montgomery County Medical Society.

Morgan

The 1970 officers of the Morgan County Medical Society include: Drs. O. R. Wilson, Morgantown, president and M. A. Turner, Martinsville, secretary-treasurer.

Parke-Vermillion

Dr. Frederick J. Evans, Clinton, is the 1970 president of the Parke-Vermillion County Medical Society. New secretary-treasurer is Dr. Antolin M. Montecillo, also of Clinton.

Perry

New officers of the Perry County Medical Society are: Drs. Fred Smith, Jr., Tell City, president and Robert A. Ward, Tell City, secretary-treasurer.

Putnam

Speaker at the Jan. 9 meeting of the Putnam County Medical Society was Dr. J. Thomas Vieira, Coatesville. He spoke on "Culposcopy in the Detection of Cervical Cancer."

Rush

New officers of the Rush County Medical Society are: Drs. Marvin G. Norris, Rushville, president and Charles Sheets, Manilla, secretary-treasurer.

St. Joseph

W. H. Tolle, St. Joseph County Welfare Director and Herbert Dixon of Blue Shield discussed "Medicaid" at the Jan. 27 meeting of the St. Joseph County Medical Society.

Starke

Dr. Clark McClure, Knox, has been elected president of the Starke County Medical Society for 1970. Dr. W. Allen Palmer, also of Knox, will be secretary-treasurer.

Steuben

The 1970 officers of the Steuben County Medical Society will be: Drs. K. L. Kissinger, president; Norman W. Rausch, vice president and Robert Barton, secretary-treasurer. All of the new officers are from Angola.

Wabash

Dr. Frank Smyrniotis, Wabash, is the new president and Dr. Michael Silvers, North Manchester, the new secretary-treasurer of the Wabash County Medical Society.

Wells

The Wells County Medical Society met Jan. 19 to hear Dr. William Clark, Fort Wayne, Twelfth District trustee, report on recent activities of ISMA. New secretary-treasurer of the society is Dr. Jack Collins, Bluffton.

White

Dr. Max Fields, Monticello, spoke on the "Coronary Care Unit" at the Jan. 20 meeting of the White County Medical Society.

Whitley

Newly-elected officers of the Whitley County Medical Society are: Drs. Frank M. Thompson, Columbia City, president and Warren L. Niccum, Columbia City, secretary-treasurer. ◄

New Film Alerts Medical Assistants to the Pitfalls in Medical Offices

Wyeth Laboratories of Philadelphia has produced a new motion picture, "Case in Point," to dramatize the "do's" and "don't's" for the medical assistant while receiving and caring for patients in her physician—employer's office.

Designed primarily to avoid malpractice suits, the film is subtitled "Medico-Legal Responsibilities of the Medical Assistant." In enactments of the "right and wrong way," it deals with such problems as handling emergencies when the physician is away, medication errors, first-aid problems, missing and stolen prescription blanks, and confidential information.

The producers recommend the picture for both physicians and their staffs and suggests scheduling it for a "boss's night" program. It is 25 minutes, 16mm, in sound and color, and available on free loan from Wyeth Film Library, Box 8299, Philadelphia, Pa. 19101. "Case in Point" was premiered in October, 1969, at the Honolulu Annual Convention of the American Association of Medical Assistants.

Association News

BOARD OF TRUSTEES

November 15, 1969

The Board of Trustees of the Indiana State Medical Association convened on Saturday, November 15, in Parlor A of the speedway Motel, Indianapolis, Indiana, with Dr. Peter R. Petrich presiding.

Roll call showed the following:

District	Trustee	
1	Gilbert M. Wilhelmus	Present
2	Joe Dukes	Present
3	Donald M. Kerr	Present
4	Robert M. Reid	Absent
5	Wilbert McIntosh	Present
6	Stephen D. Smith	Present
7	James H. Gosman	Present
8	Richard G. Ingram	Present
9	Peter R. Petrich	Present
10	Vincent J. Santare	Present
11	Lowell J. Hillis	Present
12	William R. Clark	Present
13	Otis R. Bowen	Absent

District	Alternate	
1	Eugene W. Austin	Absent
2	Betty Dukes	Present
3	E. L. Wallace	Absent
4	Jack E. Shields	Present
5	C. M. Schauwecker	Present
6		
7	John O. Butler	Present
8	Paul W. Sparks	Absent
9	Lindley H. Wagner	Absent
10	T. C. Tyrrell	Present
11	James A. Harshman	Present
12	Frederic L. Schoen	Present
13	G. Beach Gattman	Present

Officers:

Lowell H. Steen, president	Present
Malcolm O. Scamahorn, president-elect	Present
Lester H. Hoyt, treasurer	Present
Hugh K. Thatcher, Jr., assistant-treasurer	Absent

Journal:

Frank B. Ramsey, editor	Absent

Executive Committee:

Donald M. Kerr, chairman	Present
Burton E. Kintner, member	Present

Delegates and Alternate Delegates to the AMA:

Guy A. Owsley, Hartford City	Absent
Jack E. Shields, Brownstown	Present
Don E. Wood, Indianapolis	Absent
Frank H. Green, Rushville	Present
John S. Farquhar, Jr., Fort Wayne	Present
Maurice E. Glock, Fort Wayne	Absent
Dwight W. Schuster, Indianapolis	Present
James A. Harshman, Kokomo	Present
Eugene S. Rifner, Van Buren	Present
Kenneth O. Neumann, Lafayette	Present
Patrick J. V. Corcoran, Evansville	Present
T. C. Tyrrell, Hammond	Present

Guests:

John B. Twyman
Arthur G. Loftin
Sprague H. Gardiner
Lall G. Montgomery

Staff:

Robert J. Amick, field secretary
Howard Grindstaff, field secretary
Kenneth W. Bush, administrative assistant
Jas. A. Waggener, executive secretary

Report of Officers

CHAIRMAN: We will next hear from our President, Doctor Steen.

DR. STEEN: Thank you, Mr. Chairman. On the weekend of November 1 the ISMA staff, consisting of Mr. Waggener, Mr. Bush, Mr. Grindstaff, and Mr. Amick, met with Drs. Petrich, Kerr, Scamahorn, and Steen in Chicago for a day and a half during which time we "brain-stormed" on possible programming for the next and ensuing years. We came up with a series of suggestions so as to make Indiana State Medical Association a more active organization. We have a three page report spanning 16 items that I will not read to you now; however, I will ask that Mr. Waggener prepare sufficient copies, one for each trustee, so that you will have an opportunity to look it over. We felt that this was a worthwhile experience and gave the staff an opportunity to ventilate a bit and gave the officers an opportunity to hear some of the thoughts the staff had about our effectiveness, not only in the field but statewide. We have an excellent staff, as you know, and they have good minds and they use them continuously for our benefit. It is interesting to know the things they had to say when they left the meeting. Now I spoke to you briefly at an earlier date about the potential of some additional field staff with the view to giving further support to the smaller county societies in accomplishing what their goal has been.

We have discussed at great length improving the activity at the district level and in spite of all the things we have tried, the district meetings continue to whip along at a very sick level. By and large some of them are good, some are not so good. It would appear that perhaps approaching the matter from the county level might be an alternate approach to improving the activities at the district level, for if we had a number of very active and viable county societies this in turn might, I say might, lend itself to further activity at the district level. We discussed in Chicago two weeks ago the potential of the field staff actually taking care of making the arrangements for the county society meetings. We discussed the potential of the field staff actually getting the program for the meeting, taking care of the publicity and doing all of the tough work that now falls to a busy practicing physician who really doesn't have time to do this and does this in his spare time and therefore sometimes it is well done and sometimes it is not done so well. We feel that this is an activity which the field staff could get to quite promptly and in order to effectively do this, we really need a third man in the field. We need a man for a number of other reasons but if we are to effect this program within the next year, it is almost an essential.

Now the volume of work that goes through our headquarters is ever-increasing and the volume of material to read I can indicate to you is overwhelming for those of us who have received materials reviewed initially by Mr. Waggener. If you spend time in the headquarters you will see that Mr. Bush is quite busy with the public relations program and it leaves him very little time to take work off Jim's back. Jim works faithfully every Sunday and all day Saturday and into the evening, etc., and we really need additional male employment in the headquarters office. I strongly urge and recommend to you, today, that we approve the employment of an additional field man and an additional headquarters assistant to Jim so as to continue to move ahead with the programs that we want to get accomplished.

Yesterday, Dr. Scamahorn, Mr. Waggener, and I met with officials from the Governor's office; Lt. Governor's office; State Board of Health; Indiana State Police; Mayor's office of Indianapolis; Indianapolis City Police; the Attorney-General's office; the Fair Board; and other individuals to discuss our Health Week program for next April. It appeared to me that the state officials were rather cautious in their approach to this problem; however, as the meeting wore on they warmed up to the idea and came up with a number of valuable suggestions. The planning is going ahead for Health Week and we will swing into full activity now and we'll have to make a couple of changes in the composition of the former Ad Hoc Committee and make it an actual committee of the Board. They

will work with the president and make sure that we get this notification done and get this thing swinging as rapidly as possible because there is a great deal of work that has to be done . . . between now and the end of the year to make this an effective program in April.

Now I spoke in my address to the House about the importance of peer review. I believe this is a very important topic and as you read in the *AMA News* and you read in other publications of other state medical associations, it is unfortunate that many members of the House really don't understand the purpose of peer review and therefore think it is a police action, which it really is not. I asked for the appointment of a statewide peer review committee and of course that got tabled. Now I'm not going to go through the back door to get something that I couldn't get from the House of Delegates but I should like to appoint an Ad Hoc Peer Review Committee composed of the chairmen of the ten existing peer review committees that are now in existence in Indiana for one purpose: that of gathering information on peer review with the purpose of being an information and educational repository, not with the idea that they'll function as a peer review committee. This work has been handed to a commission but I feel that this committee could work effectively with the commission. We have already had requests from a number of county societies to have a program put on on peer review, to explain what it is and give them an opportunity to study the plan and that's fine. I think that is the only way people learn and it is the only way we will get the message out to the out-of-the-way areas. I want to stress educational plans for peer review rather than police action.

Now we have talked at great length about health manpower, and everyone from the AMA down has had an interest in health manpower for a long period of time. We have devoted much energy towards the thoughts of second and third medical schools in Indiana, yet this is a long term goal and doesn't do much for solving the immediate problems. I believe that if we are to make any dent in this over a short period of time, it is absolutely essential that we get off dead-center and take leadership in the position to assist this program. There is an excellent program in operation at Duke University today. We have a lot of tangential issues as relating to physician's assistants that need study and clarification prior to the time that the first physician's assistant ends up working someplace in the state of Indiana. I think we should serve as the emphasis to get the school of medicine off dead-center, get a physician's assistant program going as early as possible, hopefully this September; and if they don't do it, I think we ought to take leadership in getting Ivy Tech or some other institution in Indiana to get involved in this physician's assistant training program. I think it is absolutely essential. I think we will have to educate our profession in Indiana as to what the physician's assistant can or can't do. I gather from talking to some people there is a great fear that physician's assistants may replace the doctor. It won't happen unless we let it happen. I would indicate to you that certain physician's assistants take a great deal of the simpler activities away from the physician and give him an opportunity to devote his energies to much more worthwhile, interesting and technical subject matters than we are now able to deal with because of the little things we have to deal with. But the success or failure of this program and the manner in which it is used, and how it fits into the health and living pattern, depends upon how we structure the thing. Now I would say we ought to get busy right now structuring this thing to our own liking, take the leadership in the field, and I ask that we appoint an Ad Hoc Committee to study the physician's assistant program and work with the I.U. School of Medicine to try to get one developed and operating as rapidly as possible in Indiana. Thank you so much.

CHAIRMAN: Thank you, Mr. President. The president has requested the opinion of the Board regarding the employment of additional staff personnel. The discussion was by Dr. McIntosh, Dr. Clark, Dr. Kerr and Dr. Wilhelmus. **On motion of Dr. Dukes, and a second by Dr. Kerr, the motion was deferred until later in the agenda.**

The question of Youth Health Week, if the chair may use its prerogative, I would let the president appoint the committee and everyone will be notified by mail of their appointment to that committee.

Dr. Wilhelmus discussed the meeting in Chicago reported by the president and the president explained the purpose of the meeting. It was agreed that the secretary should compile a comparative statement of costs of meetings held in the headquarters office and those meetings held elsewhere.

CHAIRMAN: We will next hear from the president-elect, Doctor Scamahorn.

DR. SCAMAHORN: I have no report at this time.

CHAIRMAN: We will hear the report of the treasurer, Dr. Hoyt. The review of the report of the fund balances, the report of the investment portfolio, and the statement of expenses for the past month were given and **on motion of Dr. Hoyt and seconded by Dr. Wilhelmus, the report was adopted as given.**

CHAIRMAN: Dr. Ramsey is absent, therefore, we will not have a report from the Editor of *The Journal.*

Matters Referred by the Executive Committee

CHAIRMAN: We will now call on Dr. Kerr on matters referred to the Board by the Executive Committee.

DR. KERR: I will read a letter from Dr. Beck concerning the proposal of the Indiana Chapter of the Indiana Society of Internal Medicine to co-sponsor a meeting at the same time of the annual state convention with the Indiana Chapter of the American College of Physicians.

DR. STEEN: It has been my suggestion that in the very near future to meet with the president and perhaps the president-elect of all the special societies at the headquarters office to discuss the possible amalgamation of all these organizations under the umbrella of the Indiana State Medical Association.

CHAIRMAN: Any other remarks or any recommendations?

DR. HARSHMAN: **I move that the Executive Committee continue to explore the possibility with this group and the American College of Physicians. Seconded by Dr. Dukes, the motion was put to vote and carried.**

DR. KERR: The Executive Committee discussed the letter distributed to Indiana physicians by the Indiana Department of Welfare concerning the implementation of the Title XIX program. We have had several complaints lodged with the association concerning the assignment form which was included in the letter. You may recall that the Board of Trustees did approve the wording of this assignment form at the time the Title XVIII program was implemented. The only change in this present assignment form from the one previouly approved is the use of Title XIX rather than Title XVIII. Dr. Kerr then read the covering letter which accompanied the assignment form.

CHAIRMAN: As an addendum to Dr. Kerr's report, I would remind you that the old assignment form under Title XVIII Medicare, under this arrangement we were being put above the 90th percentile. Subsequently Mr. Kilborn came to the Board and reported that at a meeting in Washington the HEW and Social Security Administration had recommend-

ed a reduction of that percentile level and that with a gradual increase of fees of physicians in Indiana, we are ultimately going to get an 84th percentile which will be a leveling off place. The leveling place I think has now been reached on Medicare Part B. Now this is a new ball game with a different set of rules setting us back to the 75th percentile of customary charges—so what is your pleasure, gentlemen?

The matter was discussed by Drs. Thatcher, McIntosh, Steen, Farquhar and Ingram.

DR. INGRAM: **I would like to move that we recommend to the membership of the Indiana State Medical Association that they not participate in this agreement. The motion was seconded by Dr. Butler.**

CHAIRMAN: Is there further discussion?

The motion was discussed by Drs. Schoen, Dukes, Wilhelmus, Tyrrell, Butler, Farquhar, Wilhelmus and Kintner.

CHAIRMAN: You have all heard the motion.

DR. STEEN: **I move to table. The motion was seconded by Dr. Scamahorn.**

CHAIRMAN: The motion is to table, no discussion permitted, all those in favor say "aye," those opposed same sign. The motion is tabled. Dr. Kerr, will you continue.

DR. KERR: We have a letter from Dr. Gene S. Pierce of New Albany which I will read.

November 3, 1969

"Dear Sirs:

"Now that the training of Medical Assistants is underway and gaining nationwide momentum, how is the Indiana State Board of Medical Registration going to license these people? What restrictions will be imposed upon them? Will they be classified as to Pediatric Medical Assistant; Surgical Medical Assistant; Family Medical Assistant, etc.?

"Will these folks have to be under the direct supervision of an M.D.? Will they be licensed thru the doctor hiring them?

"Obviously, Indiana is dragging its feet in making decisions relating to this group of paramedical people and I want to know why. It simply isn't mathematically possible for lessening numbers of doctors-per-capita to handle the workload. It is going to worsen even more with more M.D. graduates. Since the medical assistant idea is certainly workable and the ONLY way that can relieve the shortage of medical attention now or in the near future, why do we see and hear nineteen-century replies to our efforts to bring this plan into licensed, legal being?

"I am dedicated to the idea of the medical assistant and respectfully request (1) answers to my questions and (2) Indiana's plans for the near future in that respect."

Sincerely,
Gene S. Pierce, M.D.

CHAIRMAN: Any comment or discussion? If not, we will take this for information.

DR. KERR: The next item is costs of medical defense. You will find this in your agenda. The Executive Committee voted to reimburse physicians the legal fees charged in these cases. We also took action to ask for explanation of the progress or lack thereof of these various litigations.

DR. STEEN: As you know, a couple of years ago we made the administrative decision to abolish the breakfast meetings of the AMA delegates and the Executive Committee. I believe this is a valuable grouping of the forces early in the morning to get things done to be more effective, and I have asked that the breakfast meetings be reinstated in the Denver session. I thought you should know this as it will be an additional matter of expenses.

CHAIRMAN: We will now move on to the minutes of the first meeting of the Board prior to the state meeting and subsequent morning meetings as well as the organization meeting held October 17th.

The minutes were approved on motion of Drs. Hillis and Kerr.

Economic and Organization Matters

CHAIRMAN: We will now move to Economic and Organization Matters. This has to do with Resolution 69-35 as adopted by the House of Delegates at its final meeting in which there was a ruling by the chair relative to the institution of the operation of this resolution. Our legal counsel has reported to us subsequent to the House of Delegates meeting. Your agenda contains the letter from legal counsel as well as excerpts from minutes of the Board meeting September 7, 1969, for your review and information.

DR. GOSMAN: I would like to report the action of the Marion County and 7th District meeting which met on November 11th. They have advised the Indiana State Medical Association that an additional trustee and an additional alternate-trustee from the 7th district were elected. The trustee is Dr. Dwight W. Schuster, elected for a three-year term and Dr. Joseph Kerlin of Danville as the alternate for a two-year term.

A discussion was then held concerning the legality of the actions of the House of Delegates and whether or not the action did in fact permit the seating of an additional trustee and alternate at this time.

Motion was made and seconded that Dr. Schuster be seated and by way of discussion, it was pointed out that at least three or maybe four times in the last meeting of the House of Delegates the remark was made that we were simply doing housecleaning to make the Bylaws conform to what we were already doing and we have further precedent that we have on several occasions, three that I can recall, created new sections and then had the Bylaws changed at the following annual meeting. The motion was then discussed by several.

DR. SCAMAHORN: I am president of the 7th District. We discussed all these things and we decided to have a meeting. There were proper nominations, there was a contest, and these two men were elected. I think to make it clear, we have two issues. First we have the issue of whether they shall be seated. I think the 7th District has done everything proper to present these men to you. That is one issue. I honestly believe that there have to be additional changes made but I think we should clarify the issue. There is one issue of the seating and what the seating might imply in the future as far as the House of Delegates. Secondly, I think we should move to make certain obvious changes that are automatically improper if we seat this person.

DR. STEEN: You know there is a difference in the spirit of the law and the letter of the law and I think we all agree as to what the spirit of the law is here. Now I can foresee a problem, perhaps, and maybe we are being too cautious about this but suppose we had a highly-charged issue some day in which there was a tight vote and somebody seated questionably cast the deciding vote, and this was to be challenged. We could conceivably be in a lot of trouble. So to carry out the spirit of the law and do it legally, would the 7th District be willing to have their trustee seated without vote until this can be studied by the Board, and in consultation with the attorneys and at such time as the legal questions are resolved and the vote would become automatic. This is not a motion, this is merely a suggestion as to a way out of a knotty problem because I think we've got to stay relatively legal here.

CHAIRMAN: Dr. Hoyt, you have a motion.

DR. HOYT: **I move that we seat the**

delegate at this time and let the matter be referred to the Commission on Consitution and Bylaws for implementation.

CHAIRMAN: Dr. Dukes has a question.

DR. DUKES: Is this man to be seated with or without vote?

DR. HOYT: With vote.

DR. HILLIS: I wish to amend the motion to make it read without vote.

CHAIRMAN: Dr. Dukes seconds the motion of Dr. Hillis to amend the motion of Dr. Hoyt to make it "be seated without vote." Is there discussion?

The motion was further discussed by Dr. Kerr, Santare, Hillis, Butler, Steen and Wilhelmus. The question was called, Dr. Hillis' amendment was put to vote and the amendment was carried with a show of hands.

CHAIRMAN: **Now the amended motion is that the trustee and the alternate be seated without vote and this will be referred to the Commission on Constitution and Bylaws. The motion was seconded by Dr. Wilhelmus, put to vote and the amendment carried.**

CHAIRMAN: We will now vote on the motion as amended as amended. **The motion was put to vote and adopted.**

Dr. Schuster then took the floor for a few remarks.

CHAIRMAN: The next item is the Speakers Bureau. The Commission on Medical Education and Licensure was charged by the Board of Trustees last year with the responsibility of organizing a Speakers Bureau and to date we have 32 replies. There is a matter of cost of the training program and the only cost to Indiana State Medical Association would be for whatever room would be involved and this would be held in the headquarters building. The other cost would be for meals and transportation for members who are taking the course. This program will be put on by the American Medical Association but the AMA staff is not available until June of 1970. The AMA will pay all expenses of the equipment involved. I would like an expression from the Board relative to this program.

On motion of Drs. Kerr and McIntosh, the Board approved the idea of the training program.

CHAIRMAN: We will move now to a letter from Notre Dame, a letter from St. Joseph County Medical Society and a letter from the Indiana Hospital Association concerning their experiences in holding their meeting in South Bend and I believe you will find there are new developments relative to holding our convention at South Bend. There are several problems which need to be ironed out.

I would exercise the privilege of the chair and request permission from the Board to approve a meeting of the president; president-elect; chairman of the Board, and the executive secretary with representatives of South Bend at South Bend to work out particular problems and to report back to the Board at the next meeting. **On motion of Drs. Wilhelmus and Ingram the meeting was approved.** The Board then adjourned for lunch.

CHAIRMAN: I have a surprise speaker for the luncheon—Mr. Kilborn. I have asked Mr. Kilborn to address this group so we will have ample opportunity to question him. We will resume our regular meeting at 1:30 p.m.

MR. KILBORN: You have in your agenda book some material which I presented to my board some three or four weeks ago. This is a plan which has been adopted by the Colorado Blue Cross-Blue Shield. This is not a particularly new idea. It started basically in Colorado where the Blues were faced with something that is a little new in the country and I'm afraid it is going to grow. You may recall that Colorado was faced with the installation of a Kaiser Foundation Program in their state so the Plans tried to develop a program which would offset the necessity of Kaiser coming into their state. I do not know how many here are familiar with the fact that there is a Kaiser installation in Cleveland, Ohio which has been going for almost a year. I am sure you have all read about Reuther's idea and the great push that is being made in several communities for closed panels and foundation type clinics or what have you. Maybe we are not as aggressive as we should be in the sense that we really have not experimented in Indiana with different type plans. I have had physicians tell me if we could build a mechanism whereby physicians could be encouraged to keep people out of the hospital and obtain their care in physician's offices, a lot of money could be saved in hospital costs.

So taking all these concepts together, we came up with the idea that we would like to experiment in this state with a panel system of sorts. I think if you have read the material it is a rather simple idea. I suggest that what we would like to do is to approach a county medical society and suggest that we would approach a given industry in that particular locality and see if they would be interested in buying a concept such as this. To oversimplify the idea is that we would set up a program and offer two choices to the employees in this given account. The employee could elect to pay the difference out of his own pocket and elect a panel program and we would solicit membership from physicians and other providers in this given community to participate in the panel program. We would also offer the employee the opportunity that if he did not want such a plan, he could continue his existing Blue Cross-Blue Shield program. In this way we would accomplish two things. First of all, it would not be a forced position for the employee that he must take the panel program. Secondly we would have the existing experience to prepare hospital costs and physicians services in the same county for a panel concept as well as for the present program. It is an expensive program. I am not sure it will be saleable. It is an experimental idea but I would like to have the Board's thinking on the subject and get your reaction as to whether or not this would be a worthwhile experiment for Blue Shield to undertake in the state of Indiana.

The matter was discussed by many.

CHAIRMAN: The question before the Board is this—will the Board approve the Indiana Blue Cross-Blue Shield experimenting with this idea with the understanding that the experiment would be carried only after the approval of a county medical society who would be involved and action by the Blue Shield Board as well as this Board before final implementation and further that the experiment would not be expanded to additional areas without again discussing it with none of the Blue Shield Board but this Board of Trustees.

DR. INGRAM: Well I read this thing in detail and first of all I believe that people have a right to buy anything that is legal that they want but we have a special situation between the Indiana State Medical Association and the Blue Shield of Indiana in that they advertise that this is the Doctors' Plan. In other words, what doctors recommend, with the blessing of the Indiana State Medical Association, and I personally believe that the panel approach is not a good one, and I am not interested in participating in it and I object to us saying "all right you go ahead and use our name and sell this, even in the experimental plans."

No. 2: In the Colorado Plan, I note that they have a right to deny a physician the right to practice in the panel if he has been enrolled in it and has practiced for a period of time without citation of cause, which I think is terrible. What it amounts to, in my opinion, is the Plan setting itself up as a super-legal or extra-legal authority on a man's right to practice medicine. I think for the Blues to do it with our blessing—in which the inference is that this is a great idea, we

subscribe to it, and they sell it with our brand on it, I think this is a bad idea.

Further discussion was carried on by Dr. Neumann, Mr. Kilborn, Dr. Hillis, Dr. Green, Dr. Dukes and Dr. Santare.

CHAIRMAN: Gentlemen, I recognize Dr. Gosman.

DR. GOSMAN: **I move that Blue Shield be empowered to experiment in this particular area. The motion was seconded by Dr. Kerr.**

CHAIRMAN: Is there any further discussion?

The motion was discussed by Dr. Wilhelmus, Dr. Steen and Dr. Ingram.

CHAIRMAN: I recognize Dr. Ingram.

DR. INGRAM: **I move that we table this and extend it to our next Board meeting. The motion was seconded, put to a vote, and a roll call was requested.**

CHAIRMAN: Secretary, will you please call the roll.

Wilhelmus, Yes; Joe Dukes, No; Donald Kerr, No; Robert Reid, not voting; Wilbert McIntosh, Yes; Stephen Smith, Yes; James Gosman, No; Richard Ingram, Yes; Peter Petrich, No; Vincent J. Santare, No; Lowell Hillis, No; William R. Clark, Yes; G. Beach Gattman, No; Lowell Steen, No; Malcolm Scamahorn, Yes; Lester Hoyt, No.

CHAIRMAN: **The motion to table failed. The vote for tabling was six, the vote for not tabling was nine, therefore, the motion fails.**

CHAIRMAN: We will now consider the motion of Dr. Gosman which is that Blue Shield be empowered by the Board of Trustees to experiment in this area and report back prior to any institution of any other program. One unit only. It is an experiment. It was seconded by Dr. Kerr. All those in favor? Roll call vote has been requested. Mr. Secretary, please call the roll.

Dr. Wilhelmus, No; Dr. Dukes, Yes; Dr. Kerr, Yes; Dr. Reid, not voting; Dr. McIntosh, Yes; Dr. Smith, No; Dr. Gosman, Yes; Dr. Ingram, No; Dr. Petrich, Yes; Dr. Santare, Yes; Dr. Hillis, Yes; Dr. Clark, Yes; Dr. Gattman, Yes; Dr. Steen, Yes; Dr. Scamahorn, Yes; Dr. Hoyt, Yes.

CHAIRMAN: **Dr. Gosman's motion is carried by a vote of 12 to 3.**

AMA Delegates' Report

CHAIRMAN: We will now proceed to Reports of AMA delegates and the AMA alternates. The following assignments are listed in your agenda, assigned by the chair. Dr. Farquhar has been assigned the first section of the AMA report. We will now proceed with Dr. Farquhar's report, pages 527-543 of the AMA Handbook.

Reports of the AMA delegates and alternate delegates were received as assigned covering all the material which was contained in the Handbook for the AMA Delegates' meeting in Denver, Colorado.

CHAIRMAN: I recognize Dr. Schuster.

DR. SCHUSTER: I have a point of personal privilege to ask the Board's decision on one matter. I was unable to go to the New York meeting because of some personal matters and I chose to step down to the alternate's position in October. Therefore, since I am a lame duck, I wonder if it would not be better for Dr. Tyrrell, the newly elected alternate, to go to the Denver meeting in my place, since I understand he plans to be there anyway.

CHAIRMAN: Is there any expression from the House? **Dr. Gosman moved and Dr. Santare seconded that Dr. Tyrrell be named the alternate delegate for the Denver meeting in place of Dr. Schuster.**

CHAIRMAN: I recognize Dr. Steen.

DR. STEEN: I should like to have an expression from the Board as to their feeling about the Himler report and what position the delegation should take in regard to any action on this at the Denver meeting. I have heard several conflicting comments. One, that this is to be acted upon and another that it is only to be presented to the House for information and whether or not this requires further study or whether it ought to be settled, or what, and apparently there was a diversity of opinion as to the ultimate fate of this report. I think our Board should express their opinion so that the delegates may be guided accordingly.

CHAIRMAN: I recognize Dr. Kerr.

DR. KERR: I would like to move that our delegation be instructed to not scuttle, not to keep it alive, but to keep it for further study. I think we have to approach it not as if we are being insulted because someone was personal and I think some of the opinions voiced there may have been just expressions of at least what the public has reacted to over the years. I think we must look at those objectively, as to their validity. I don't think this group, or any other group, is yet ready to express approval or disapproval of this report.

CHAIRMAN: The motion has been seconded by Dr. Gosman. Is there further discussion?

The motion was discussed by Dr. Green and Dr. Steen.

CHAIRMAN: I recognize Dr. Rifner.

DR. RIFNER: What I would like to insert with Dr. Kerr's remarks that our group work with the Reference Committee and get them to write a referral back to the Board of Trustees, rather than to scuttle, reject, or accept the recommendations.

Further discussion was carried on by the secretary, Mr. Waggener, Dr. Gosman, Dr. Green and Dr. Steen.

CHAIRMAN: If there is no further discussion, the motion is before you. All in favor of the motion by Dr. Kerr, say "aye," all opposed "no." **The motion is carried.**

CHAIRMAN: I recognize Dr. Clark.

DR. CLARK **moved that Resolution No. 24 be opposed by the Indiana delegation. The motion was seconded by Dr. Shields and put to vote and carried.**

CHAIRMAN: I recognize Dr. Scamahorn.

DR. SCAMAHORN: **I would move that we support Resolution No. 27.**

CHAIRMAN: **The motoin was properly seconded, put to a vote and was carried.**

DR. SCAMAHORN: **I further move that Resolution 28 be studied thoroughly by the association before our delegation supports it. The motion was seconded by Dr. Shields, put to a vote and was carried.**

CHAIRMAN: I now recognize Dr. Ingram.

DR. INGRAM: I would like to bring up for reconsideration the matter we discussed earlier. This Board tabled the motion that I made concerning the state Medicaid proposal or letter and I think personally that we should take a position because by the time of the next Board meeting, that program will be in effect —as a matter of fact, as of January 1. The comment at the dinner table by a lot of people, not only Board members, but other persons here, was that their counties wanted to know what the attitude of this Board was and what to do about signing this letter. If we wait until our next meeting in January it will be past the fact so with that in mind, I would like to bring up another motion.

I move that this Board submit a letter to all members of the state association to the effect that while each member has a right to accept or reject the conditions of the Medicaid agreement, that it is obvious from the content of the agreement that this is another attempt by government to control the cost and practice of medicine. It is further the opinion of this Board that each member should fully study all ramifications of this agreement, not only as it applies immediately but as to how it might apply to any extension of governmental control over

the practice of medicine in the foreseeable future before considering participation in such an agreement. This Board further advises ISMA members that further recommendations may be forthcoming in future communications.

What I have tried to do is this, if I may just point it out, I was trying to say that while everyone has his own privilege to accept or reject the idea, I thought that everyone should certainly give it thorough consideration and consider the fact that this may be very quickly extended to apply to a lot of people who are not presently covered. I think that was the consensus of what the people here spoke of this morning. Now my motion is that a letter be construed to the effect so that it could be worded a little differently. I know I have a run-on sentence in this but I was trying to get it done real quickly.

CHAIRMAN: Is there a second to Dr. Ingram's motion? **Dr. Kerr has seconded and it is now open for discussion.**

The motion was discussed and Dr. Ingram requested the privilege of removing the word "cost" in his previous motion.

The motion was then discussed by Drs. Shields, Ingram, Steen, Farquhar, Santare, Kerr and Schoen.

CHAIRMAN: I recognize Dr. Steen.

DR. STEEN: Mr. Chairman, I have some further questions. Would it not be appropriate to ask Blue Shield for their interpretation of how they intend to administer the 75th percentile and include that information on it? If we could have a direct quote from Blue Shield, as they are the fiscal intermediary, I think we have a right to know how they interpret this.

DR. INGRAM: I would have no fuss with that at all.

CHAIRMAN: O.K. We are still back to the question. All those in favor say "aye," all opposed, same sign. **The motion is carried.**

CHAIRMAN: I would like to again use the prerogative of the chair and announce the Board committees and some of their assignments.

The Board Liaison Committee with Indiana University will handle primarily Resolution 69-14 and 69-16. The Blue Cross Liaison Committee, Dr. Santare, chairman, will be assigned Resolution 69-12 and the Board Liaison Committee with Blue Shield will be headed up by Dr. Joe Dukes. The Business Consultants for *The Journal* will be chaired by Dr. Dukes; Governmental Medical Services will be chaired by Dr. McIntosh, and this commission will continue to concern itself with Comprehensive Health Planning. I will report that Dr. Steen and I, in conversation with Dr. Larson and Mr. Kilborn, have the agreement that Blue Shield will provide the additional help for an additional year.

The Committee on Economic and Fiscal Matters, Dr. Wilhelmus, chairman. This committee will be charged with evaluation of cost for the meeting, as we discussed earlier, cost analysis, also Resolution 69-24. Dr. Hoyt is a member of this committee.

The Committee on Emergency Medical Services will be chaired by Dr. Richard Ingram. The Joint Board Committee for Orientation of New Members will be chaired by Dr. Clark. The Ad Hoc Committee on the Medical Use of Computers will be chaired by Dr. Reid. The Ad Hoc Committee on Education will be chaired by Dr. Gosman and this committee is going to have a lot of work to do. We are referring Resolutions 69-13; 69-15; 69-19 and all those matters regarding education that were involved in the president's and president-elect's address to the House of Delegates.

I would also like to assign to Dr. Wilhelmus' committee Resolution 69-20 and I plan to refer Resolution 69-37 to the Commission on Public Health and any and all other business that I have neglected, overlooked, or whatever will be assigned to the appropriate committees. I trust that the chairmen will work diligently with their committees and the committees will meet and I would like to have you call a meeting in conjunction with the next meeting of the Board of Trustees at the very latest. Any questions?

CHAIRMAN: We will now proceed to the next item which shows that the Government Affairs Workshop will be held in Washington February 27-March 1 and the annual meeting of the U.S. Chamber of Commerce is also in Washington on the 29th.

We will now move to item G, Council on Medical Staffs. From the Board meeting of March 26th on motion of Dr. Petrich and a second by Dr. Steen, Dr. Reid was authorized to organize a meeting of the elected chiefs of staffs of hospitals and the ISMA to finance the effort. The motion was put to a vote and carried.

We have here again some information which gives some ideas on what might be done by a Council on Medical Staffs. We had several meetings relative to the organization of the Council on Medical Staffs and it just sort of died on the vine and I would like to hear a word from the Board as to whether or not they feel this is in vain or whether it is worthwhile and justifiable endeavor and if it is, that we go ahead and pursue it and to organize the Medical Staff section as soon as we are able to do so.

The motion was made by Dr. Gosman, seconded by Dr. Dukes that the Board proceed and pursue the organization of such a group. The motion was put to a vote and adopted.

Future Meetings

CHAIRMAN: We will now move to item 9, District Meeting Dates. Are there any changes? If not, we will move to item 10, dates of future meetings.

I have requested the information be placed in your agenda and it is not hard and fast but I would like for you to consider the proposal that we outline in advance the meetings for the next year for the Board of Trustees so that we might all plan ahead and circle them on our calendars and know that those particular weekends, Sundays or what have you, we will be involved in a Board of Trustees meeting I think this will help, not only us in the planning of our own time, but will help the state office to plan their time. I would entertain a motion that we accept the schedule as listed for future meetings.

On motion of Dr. Kerr and a second by Dr. Steen, the Board approved the tentative dates for future meetings of the Board.

New Business

CHAIRMAN: We will now move to item 11, New Business.

DR. SMITH: I would like to report that at our meeting of the 6th District the secretary failed to mention the fact that we were to elect an alternate trustee. Therefore, we do not have a legally elected alternate trustee of our district.

CHAIRMAN: We have a letter from the Dearborn-Ohio County Medical Society requesting remission of dues for one of the members but inasmuch as the trustee from that district is not here we are prohibited from acting upon this at this meeting. I now recognize Dr. Santare.

DR. SANTARE: **I move that the dues of a Lake County physician be remitted. The motion was seconded by Dr. Gosman, put to vote and carried.**

CHAIRMAN: We will now move to item 12 and since we did not have time to have any action by Board committees, we will pass that and move on to item 13, the Membership Report which you can review at your leisure. If there is no further business, I will now declare that we will go into executive session.

There being no further business, the Board adjourned to meet again at 2:00 P.M. on Saturday, January 10, 1970.

BOARD OF TRUSTEES

January 10, 1970

The Board of Trustees of the Indiana State Medical Association held its first meeting of the new year on Saturday and Sunday, January 10 and 11, in the headquarters office in Indianapolis with Dr. Peter R. Petrich presiding.

Roll call showed the following:

District	Trustee	
1	Gilbert M. Wilhelmus, Evansville	Present
2	Joe Dukes, Dugger	Present
3	Donald M. Kerr, Bedford	Present
4	Robert M. Reid, Columbus	Present
5	Wilbert McIntosh, Riley	Present
6	Stephen D. Smith, Knightstown	Present
7	James H. Gosman, Indianapolis	Present
7	Dwight W. Schuster, Indianapolis	Present
8	Richard G. Ingram, Montpelier	Present
9	Peter R. Petrich, Attica	Present
10	Vincent J. Santare, Munster	Present
11	Lowell J. Hillis, Logansport	Present
12	William R. Clark, Fort Wayne	Present
13	Otis R. Bowen, Bremen	Absent

District	Alternate Trustee	
1	Eugene W. Austin, Evansville	Absent
2	Betty Dukes, Dugger	Present
3	Elmer L. Wallace, New Albany	Present
4	Jack E. Shields, Brownstown	Present
5	C. M. Schauwecker, Greencastle	Present
6		
7	John O. Butler, Indianapolis	Absent
7	Joseph C. Kerlin, Danville	Absent
8	Paul W. Sparks, Winchester	Absent
9	Lindley H. Wagner, Lafayette	Absent
10	Thomas C. Tyrrell, Hammond	Present
11	James A. Harshman, Kokomo	Present
12	Frederic L. Schoen, Fort Wayne	Present
13	G. Beach Gattman, Elkhart	Present

Officers

Lowell H. Steen, Hammond, president — Present

Malcolm O. Scamahorn, Pittsboro, president-elect — Present

Lester H. Hoyt, Indianapolis, treasurer — Present

Hugh K. Thatcher, Indianapolis, assistant treasurer — Present

Frank B. Ramsey, Indianapolis, editor, *The Journal* — Present

Executive Committee

Donald M. Kerr, Bedford, chairman — Present

Burton E. Kintner, Elkhart, member — Present

Delegates and Alternate Delegates to AMA

Don E. Wood, Indianapolis	Absent
Eugene F. Senseny, Ft. Wayne	Present
Frank H. Green, Rushville	Absent
John S. Farquhar, Jr., Ft. Wayne	Present
James A. Harshman, Kokomo	Present
Eugene S. Rifner, Van Buren	Present
Kenneth O. Neumann, Lafayette	Present
Patrick J. V. Corcoran, Evansville	Absent
Jack E. Shields, Brownstown	Present
Thomas C. Tyrrell, Hammond	Present

Guests

Lall G. Montgomery, Sprague H. Gardiner, Arthur Loftin, A. C. Offutt, Glen V. Ryan, Richard C. Kilborn, Robert Stonehill, Don Dian, John L. Ferry.

Staff

Robert J. Amick, field secretary
Howard Grindstaff, field secretary
John L. Walters, field secretary
Kenneth W. Bush, administrative assistant
Jas. A. Waggener, executive secretary

On Friday night preceding the Trustees' two-day session the Executive Committee convened in the headquarters and throughout the day on Saturday several subcommittees of the Board met to deliberate on issues referred to them by the Board and the House of Delegates.

On Sunday the Board convened in the morning at the Indiana University School of Medicine to meet with Dean Irwin, members of the faculty and other officials of the university, met for lunch at the headquarters and continued on into the afternoon with a number of presentations from I.U. faculty members and a representative of the student body.

Minutes of the meeting held November 15, 1969 were approved on motion of Drs. Gosman and Smith.

PUBLICATION OF A BROCHURE ON IMPAC to be distributed to the membership is in the planning stages according to Dr. Eugene F. Senseny, chairman of the IMPAC Board. Dr. Senseny said the purpose of the publication is to explain IMPAC and its purposes. He also announced an AMPAC Workshop scheduled for February 28 through March 1 in Washington, D.C. Several members of the Board of Trustees and IMPAC Board will attend this function.

Additionally, Dr. Senseny reported that procedures are being investigated for more detailed reporting of IMPAC activities to the ISMA membership. On motion of Drs. Reid and Kerr, the treasurer of the IMPAC Board, Doctor Black, is to report to the first meeting of the Board each year the financial status of the IMPAC organization.

Reports of Guests

AN 18-MEMBER ADVISORY COMMITTEE ON DRUG EDUCATION to the Indiana State Board of Health has been organized according to Dr. Offutt, State Health Commissioner, in his report to the Board.

80,000 DOSES OF MEASLES VACCINE have been distributed to ten counties in the measles immunization program, Dr. Offutt said. Eleven additional counties have requested vaccine. Priority is being placed upon the immunization of kindergarten through third grade children of which there are 436,250 in Indiana. This group constitutes 75% of the susceptibles. All such programs are being coordinated through county medical societies.

SURVEY OF TERMINATION OF PREGNANCIES as mandated by the last session of the Indiana General Assembly was also reported by Dr. Offutt. Ninety-one hospitals reported 884 pregnancies terminated before the 20th week of gestation. He listed them as spontaneous complete, 150; spontaneous incomplete, 701; therapeutic, 33; negative report, 21; temperature above 100.4, 92; and out-of-state, 27. Twenty-eight hospitals submitted no report.

BLUE SHIELD OF INDIANA IS NOW A FORTY MILLION dollar-a-year business according to Dr. Glen V. Ryan, chairman of the Blue Shield Board. The health insurance plan now has an enrollment of 1,921,761 excluding Medicare and Medicaid.

1,300 ASSIGNMENT AGREEMENTS have been received by Blue Shield from Indiana physicians under Medicaid, according to Richard Kilborn, president of Blue Shield.

PROPOSED PANEL PLAN implementation was also reported by Mr. Kilborn. It's being discussed by Elkhart physicians and an industry in that area. Mr. Kilborn pointed out that the concept is really a foundation concept. Controls, he said, in such a plan, lie with the local society. Blue Shield would be the exclusive insurance agent in the plan. Coverage under such a plan would be more extensive than current plans, he said.

FEDERAL FUNDS FOR REGIONAL MEDICAL PROGRAMS have not yet been approved in Washington according to Dr. Robert Stonehill, director of the program in Indiana. The organization will, however, be able to keep their carry-over money, he

said, and he is hopeful that they will be able to maintain the vital programs underway, including the stroke program. Multiphasic screening programs are also now being motivated at three Marion County sites. Thirty-four coronary care units have been initiated in the state and RMP has conducted three five-day courses in coronary care. RMP will be involved in health careers and the training of physicians in chronic respiratory diseases.

I. U. PRESIDENT OF STUDENT AMA, DONALD DIAN, reported on the operation of their southwest Indianapolis clinic; expressed appreciation for opportunity to appear before the Board and for student representatives being included in the House of Delegates and on commissions and committees of the ISMA.

SPECIAL MEETING OF THE HOUSE OF DELEGATES OF ISMA set by President Steen for Sunday, March 15, 1970, in the Columbia Club, Indianapolis. Petitions of the Allen and Marion County Medical Societies requested the session which calls for discussion on Medicaid, the seating of the Seventh District Trustee, and pilot panel insurance plan proposed by Indiana Blue Shield.

ACTIONS OF AMA BOARD OF TRUSTEES—The Board next reviewed the actions of the AMA Board of Trustees in filling appointments in various AMA councils and committees. It was noted that the following Indiana physicians were appointed as follows: Council on Health Manpower—Frederic W. Brown, Fort Wayne; Council on Occupational Health—Neal E. Baxter, Bloomington; Committee on Aerospace Medicine, a committee of the Council on Occupational Health—Doctor Baxter was also named to this committee; Council on Voluntary Health Agencies—Norman R. Booher of Indianapolis; AMA Disability Insurance Claims Review Committee—Frank H. Green of Rushville; Committee on Maternal and Child Care—Sprague H. Gardiner of Indianapolis was appointed chairman of this committee; Inter-specialty Committee-American College of Radiology—Wallace U. Buchanan of South Bend.

Reports of Officers

REPORT OF PRESIDENT STEEN—Dr. Steen announced that he had set March 15th for the special meeting of the House of Delegates and that the meeting would be held in the Columbia Club in Indianapolis. The special meeting is the result of a petition filed by Allen and Marion Counties which requested the session for discussions on Medicaid; Pilot Panel Insurance Plan proposed by Indiana Blue Shield; and the seating of the 7th District trustee.

Dr. Steen also requested permission of the Board to write a letter in protest to Federal Regulation Document 69-14880 which is a regulation of HEW relative to fraud in Medicaid billing. Dr. Robert Smith, president of the Ohio State Medical Association had filed a similar letter of protest and requested Dr. Steen, as president of Indiana, to do the same. On motion of Drs. Kerr and Hillis, approval was granted for the president to write such a letter.

Dr. Steen then discussed the Medicaid program and the impractibility of the program as it is now constituted. He felt the physicians have a responsibility to work on an alternate plan of a practical nature which might well be used to provide health care to this particular segment of the population in Indiana. On motion of Drs. Kerr and Dukes, this matter is to be given to the Commission on Government Medical Services to begin exploring alternatives for providing health care services to those people currently covered under the Medicaid Plan.

Dr. Steen then reported on the Youth Health Week program and copy for announcement brochures were presented to the Board for their information.

Dr. Steen then discussed the provisions in the Constitution and Bylaws covering the calling of special meetings of the House of Delegates, feeling that the present method is perhaps outdated and should be reviewed. On motion of Drs. Kerr and Santare, this is to be referred to the Constitution and Bylaws Commission for review, investigation and recommendation.

REPORT OF THE TREASURER—The treasurer then reported on the Certified Public Accountant's audit of the fiscal affairs of the association; report of fund balances; investment portfolio; and income-expense statements for the months of November and December. The report was approved on motion of Drs. Hoyt and Wilhelmus.

INDIANA STATE MEDICAL ASSOCIATION

Financial Statements

Year Ended September 30, 1969

With

Supplementary Data

Board of Trustees,
Indiana State Medical Association,
Indianapolis, Indiana.

We have examined the statement of financial condition of the Indiana State Medical Association as of September 30, 1969, and the related statements of income and expense of the general fund and changes in fund balances for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the accompanying statements present fairly the financial position of the Indiana State Medical Association at September 30, 1969, and the results of its general fund operations and changes in fund balances for the year then ended in conformity with generally accepted accounting principles for organizations of this type applied on a basis consistent with that of the preceding year.

The accompanying supplementary information has been subjected to the tests and other auditing procedures applied in the examination of the financial statements mentioned above and, in our opinion, is fairly stated in all material respects in relation to the financial statements taken as a whole.

Geo. S. Olive & Co.
Certified Public Accountants

Indianapolis, Indiana
October 28, 1969

Exhibit A

INDIANA STATE MEDICAL ASSOCIATION

Statement of General Fund Income and Expense

	Year Ended September 30		
	1969 Budget	1969 Actual	1968 Actual
INCOME—notes 1 and 2:			
Dues	$ 313,568	$ 315,476.25	$ 314,962.50
Less: Dues allocated as follows:			
Building fund	39,080	39,240.00	39,120.00
American Medical Education fund	19,540	19,620.00	19,500.00
The Journal	31,264	32,264.00	32,176.00
Medical Defense fund	4,885	4,905.00	4,892.50
	94,769	96,029.00	95,688.50
Dues available for general fund operations	218,799	219,447.25	219,274.00
Other income:			
Interest income on investments	8,000	11,433.18	11,000.44
Received from American Medical Association	2,500	2,643.90	2,737.08
The Journal—net income (loss)—schedule A-1	(1,886)	2,215.41	5,263.79
Miscellaneous	2,000	18,539.93*	1,654.79
	229,413	254,279.67	239,930.10
EXPENSE:			
Committees and commissions—schedule A-2	15,350	17,961.47	11,675.98
Officers and Board—schedule A-2	43,338	46,770.11	36,522.63
Headquarters office—schedule A-3	158,016	161,456.84	155,167.21
Annual meeting expense (income)—schedule A-4	.....	7,941.11	3,835.90
Membership expense	6,000	2,225.69	9,411.02
Dues, subscriptions and donations	3,500	4,057.51	4,326.99
Employees' retirement expense	9,000	13,634.17	10,237.30
Loss on guaranteed student loans	.....	.....	2,519.54
	235,204	254,046.90	233,696.57
NET INCOME (LOSS)	$(5,791)	$ 232.77	$ 6,233.53
ALLOCATED AS FOLLOWS:			
General fund—exhibit C		$ 6,393.95	$ 12,220.61
Building fund—exhibit C		(6,161.18)	(5,987.08)
		$ 232.77	$ 6,233.53

*Miscellaneous income includes reimbursement of prior years' CHAMPUS expenses in the amount of $16,189.75.

The accompanying notes are an integral part of this statement.

INDIANA STATE MEDICAL ASSOCIATION

Statement of Financial Condition at September 30, 1969

ASSETS

GENERAL FUND:			
Cash on deposit and on hand		$ 93,437.44	
U. S. Treasury bonds (market value $40,339)		55,108.51	
U. S. Treasury bills (market value $108,630)		107,422.23	
Investment in mutual fund (market value $25,515)		26,298.08	
Accounts receivable		7,306.77	
Dues receivable		460.00	
Reimbursement due from U. S. Government for processing Champus claims		9,794.97	
Prepaid expense and miscellaneous assets		7,201.88	
Office furniture and equipment—at cost	$ 68,172.76		
Less: Accumulated depreciation	39,407.47		
		28,765.29	
			$ 335,795.17
BUILDING FUND:			
Cash on deposit		8,087.61	
Cash in savings account		4,261.50	
U. S. Treasury bills (market value $63,321)		62,570.00	
Prepaid expense		418.66	
Meridian Street property:			
Land	69,187.60		
Office building and improvements	$301,665.34		
Less: Accumulated depreciation	44,795.24		
	256,870.10		
		326,057.70	
Rental properties—at cost (net of $6,686.76 accumulated depreciation)		86,471.24	
Due from general fund		1,460.94	
			489,327.65
STUDENT LOAN FUND:			
Cash on deposit		3,503.14	
Cash in savings account		13,065.25	
Certificates of deposit—note 3		20,810.00	
Notes receivable from students		2,621.61	
			40,000.00
MEDICAL DEFENSE FUND:			
Cash on deposit		3,969.71	
U. S. Treasury bonds (market value $16,990) plus accrued interest receivable		25,324.44	
Due from general fund		4,943.36	
			34,237.51
CHAMPUS FUND:			
Reimbursement due from U. S. Government for advance payments made to doctors		162,928.25	
			162,928.25
			$1,062,288.58

The accompanying notes are an integral part of this statement.

Exhibit B

LIABILITIES AND FUND BALANCES

GENERAL FUND:			
Accounts payable		$ 7,173.71	
Accrued payroll and property taxes		11,500.08	
Allocation of dues payable to American Medical Education and Research Fund		19,590.00	
Advances from American Medical Association		10,319.19	
Unearned portion of 1969 dues		73,867.50	
Exhibitors' deposits for 1969 annual meeting		16,600.00	
Due to other funds:			
Building fund	$1,460.94		
Medical Defense fund	4,943.36		
		6,404.30	
Fund balance—exhibit C		190,340.39	
			$ 335,795.17
BUILDING FUND:			
Loans from members (non-interest bearing)		22,525.00	
Accrued property taxes		2,078.33	
Guarantee and damage deposits		425.00	
Fund balance—exhibit C		464,299.32	
			489,327.65
STUDENT LOAN FUND:			
Fund balance—exhibit C:			
Principal balance appropriated from general fund—note 3		40,000.00	
			40,000.00
MEDICAL DEFENSE FUND:			
Fund balance—exhibit C		34,237.51	
			34,237.51
CHAMPUS FUND:			
Bank overdraft		88,931.34	
Fund balance (cash advanced by U. S. Government)— exhibit C		73,996.91	
			162,928.25
			$1,062,288.58

Exhibit C

INDIANA STATE MEDICAL ASSOCIATION

Statement of Changes in Fund Balances,

Year Ended September 30, 1969

	General Fund	Building Fund	Student Loan Fund	Medical Defense Fund	Champus Fund
BALANCES, OCTOBER 1, 1968	$186,946.44	$427,771.66	$40,000.00	$29,084.37	$74,500.00
ADDITIONS:					
Net income (loss) year ended September 30, 1969—exhibit A	6,393.95	(6,161.18)			
Dues allocated to restricted funds		39,240.00		4,905.00	
Other income credited directly to restricted funds		3,448.85		848.14	
	6,393.95	36,527.67		5,753.14	
DEDUCTIONS:					
Prior year adjustment charged directly to fund balance	3,000.00				
Malpractice defense fees charged directly to Medical Defense Fund				600.00	
Funds returned to U. S. Government					503.09
	3,000.00			600.00	503.09
BALANCES, SEPTEMBER 30, 1969—exhibit B	$190,340.39	$ 464,299.32	$40,000.00	$34,237.51	$73,996.91

The accompanying notes are an integral part of this statement.

INDIANA STATE MEDICAL ASSOCIATION

Notes to Financial Statements at September 30, 1969

NOTE 1—GENERAL PURPOSE AND NATURE:

The Association was organized as the Indiana State Medical Society in 1849. The Articles of Incorporation were amended in 1926 to change the name to the Indiana State Medical Association.

The purposes for which the Association was formed were to extend medical knowledge; advance medical science; elevate standards of medical education; enlighten the public in regard to problems of medical care, public health, cure of disease; thereby prolonging and adding comforts to life.

The Association is exempt from the payment of federal income tax (except on unrelated business income) under the provisions of section 501 of the Internal Revenue Code as an organization formed and operated to promote the objectives outlined above.

NOTE 2—METHOD OF ACCOUNTING AND BASIS OF ASSETS:

The Association maintains its books and records on the accrual basis. Investments in securities, rental properties and various other assets reflected in the statement of financial condition are carried at cost if purchased or at market value at date of receipt if acquired by gift. Unless stated otherwise, the market value of investments in securities approximates cost.

Depreciable assets are carried at cost and are depreciated on the straight-line method with such depreciation charged as a general fund operating expense.

The assets, liabilities and operations of *The Journal*, the Association's monthly publication, are reflected as a part of the general fund in the accompanying financial statements. The budget for the year ended September 30, 1969 has been adjusted to include the operations of *The Journal*.

NOTE 3—STUDENT LOAN FUND PRINCIPAL:

The Student Loan fund is a separate irrevocable charitable trust established in October, 1955, for the purpose of making loans to medical students. The assets and equity of this trust are included in the accompanying financial statements in order to reflect the fiduciary responsibilities of the Indiana State Medical Association as trustee of the fund. This loan fund was created and funded through cash appropriations from the general fund totaling $40,000 over a five-year period beginning in May, 1956.

INDIANA STATE MEDICAL ASSOCIATION

Notes to Financial Statements at September 30, 1969

Under the terms of an agreement with The Indiana National Bank of Indianapolis, the bank is making loans to students enrolled and in satisfactory standing at the Indiana University Medical School at the rate of twelve and one-half dollars for each dollar placed in a capital reserve at the bank. As of September 30, 1969, the bank held $20,810 in this capital reserve (represented by certificates of deposit) thereby producing an available loan balance approximating $260,000, of which $26,200 had been loaned to medical students. The Association is contingently liable for these latter loans to the extent of the collateral only.

The Executive Committee, in conjunction with the Student Loan Committee, is to review the student loan situation annually for the purpose of authorizing further general fund appropriations to the loan fund as additional funds are needed to guarantee loans under the agreement with The Indiana National Bank.

SUPPLEMENTARY DATA

Schedule A-1

INDIANA STATE MEDICAL ASSOCIATION
The Journal Statement of Operations

	Year Ended September 30		
	1969 Budget	1969 Actual	1968 Actual
INCOME:			
Subscriptions—members	$ 31,264	$32,264.00	$32,176.00
Subscriptions—non-members	1,500	1,520.50	1,902.00
Advertising	52,500	43,232.55	55,905.95
Other	4,000	4,701.60	5,827.41
	89,264	81,718.65	95,811.36
EXPENSE:			
Salaries, commissions and outside help	20,000	17,980.28	19,987.89
Printing and reprints	55,000	45,275.69	54,311.03
Engraving, art work and photographs	5,000	5,405.91	5,361.32
Office supplies and postage	650	717.61	584.23
Travel and meeting expense	1,800	1,698.30	1,710.11
Bulk mailing	1,600	1,553.14	1,583.28
Other publishing expense	800	953.66	772.40
Payroll taxes	500	537.66	477.56
Rent and utilities	3,450	3,526.97	3,408.00
Telephone and telegraph	450	327.49	359.11
Insurance and retirement	700	653.48	694.25
Cash discounts allowed and miscellaneous	1,200	873.05	1,298.39
	91,150	79,503.24	90,547.57
NET INCOME (LOSS)—exhibit A	$(1,886)	$ 2,215.41	$ 5,263.79

Schedule A-2

INDIANA STATE MEDICAL ASSOCIATION
Analysis of Operating Expense—
Committees and Commissions—Officers and Board

COMMITTEES AND COMMISSIONS:	Year Ended September 30		
	1969 Budget	1969 Actual	1968 Actual
Standing committees:			
Grievance	$ 250	$ 146.00	$ 223.11
Student Loan	50	93.96	32.64
Medical legal services	.....	53.30	.....
President's advisory	300	559.73	.....
Commissions:			
Constitution	300	458.41	495.97
Inter-Professional Relations	200	126.30	70.10
Legislation	500	3,636.66	494.04
Public Health	300	389.80	285.74
Public Information	250	393.28	198.48
Special Activities	300	284.76	341.41
Voluntary Health Agencies	400	386.84	345.96
Medical Economics and Insurance	400	654.35	457.21
Medical Education and Licensure	350	390.30	410.53
Governmental Medical Services	300	242.27	322.54
Aging	350	448.69	615.90
Education	7,500	5,755.34	6,108.66
Future Planning	200	479.86	101.74
Medicine and Sports	300	260.49	.....
Emergency Medical Care	300	704.40	.....
Medicine and Religion	300	.....	.....
Governmental Medical Programs	.....	481.97	.....
Mental Health	.....	236.02	.....
Special program and miscellaneous	2,500	1,778.74	1,171.95
Totals—exhibit A	$15,350	$17,961.47	$11,675.98
OFFICERS AND BOARD:			
President	$ 8,000	$10,101.06	$ 5,853.92
President-elect	2,000	2,724.27	1,045.20
AMA meetings	13,700	17,355.89	18,322.79
Treasurer's office	3,725	4,015.74	2,435.00
Board chairman and board meetings	10,000	9,636.75	7,944.74
Executive committee meetings	5,913	2,936.40	920.98
Totals—exhibit A	$43,338	$46,770.11	$36,522.63

Schedule A-3

INDIANA STATE MEDICAL ASSOCIATION

Analysis of Operating Expense—Headquarters Office

	Year Ended September 30		
	1969 Budget	1969 Actual	1968 Actual
Salaries	$ 87,500	$ 83,522.94	$ 85,908.83
Telephone and telegraph	6,000	5,718.59	6,165.85
Postage	5,000	3,899.79	3,988.25
Printing and office supplies	6,000	5,141.22	4,568.88
Travel, entertainment and field expense	12,000	12,951.12	9,880.19
Building operations and utilities	11,000	12,364.31	10,560.73
Insurance	6,000	7,324.73	6,374.22
Extra help	500	793.37	98.00
Payroll taxes	3,000	2,829.77	2,898.97
Property taxes	7,500	6,941.84	7,311.84
Equipment maintenance	2,000	2,165.44	1,924.81
Depreciation	10,000	11,813.51	10,394.77
Legal fees	.....	4,124.61	.....
Champus expense in excess of reimbursement	.....	.....	4,149.36
Miscellaneous	1,516	1,865.60	942.51
Totals—exhibit A	$158,016	$161,456.84	$155,167.21

Schedule A-4

INDIANA STATE MEDICAL ASSOCIATION

Analysis of Operating Expense—Annual Meeting

	Year Ended September 30	
	1969	1968
Convention planning	$ 2,179.33	$ 1,640.15
Speakers' travel and expense	2,433.76	2,500.00
Technical exhibits, circulars, etc.	2,971.59	1,121.40
Scientific program and exhibits	1,839.63	645.00
Programs, handbooks and printing	4,913.46	2,889.94
Badges	210.15	295.71
Meetings—Board and House of Delegates	1,005.59	898.89
Telephone service	134.46	237.35
Offices personnel expenses	1,215.95	458.55
Plaque awards	407.39	218.88
Prizes—annual meeting	100.00	151.50
50-year club	124.74	79.57
Photography	405.61	365.00
Banquet, luncheon and party	5,521.92	7,278.66
Women physicians	694.56	....
Miscellaneous	707.97	1,315.30
	24,866.11	20,095.90
Less: Income from exhibitors' booths	16,925.00	16,260.00
Excess of expense over income—exhibit A	$ 7,941.11	$ 3,835.90

REPORT OF DR. FRANK B. RAMSEY—Dr. Ramsey reviewed the activities of *The Journal* and stated that it appeared there would be some taxes levied on *The Journal* by the state Gross Income Tax Department but the auditors had reported there should be no liability as far as Federal taxes were concerned. The report was received for information.

Matters Referred by Executive Committee

Legal Fees: No statement for legal service for the month of December had been received.

Possible purchase of a doctor's antique office. A committee of the Executive Committee viewed an antique doctor's office and recommended that it not be purchased. **On motion of Drs. Scamahorn and Wilhelmus, it was decided not to purchase this equipment.**

A letter from the attorney concerning privileged information was read and **on motion of Drs. Steen and Gattman, this letter is received for information and ordered published in *The Journal* of the association.**

A proposed letter to be sent to members seeking their comments on ways of improving field service was presented to the Board and **on motion of Drs. Gosman and Smith, the letter was approved for distribution. The letter was to include the number of the Wats line so that physicians might call in their thoughts on this matter.**

A letter from the Tippecanoe County Medical Society addressed to Blue Shield was reviewed and referred to the Board Liaison Committee with Blue Shield on motion of Drs. Hillis and Reid.

A letter from Greene County concerning the Orientation Program with various questions relative to the program as now conducted by the association was referred to the Board Committee on Orientation **on motion of Drs. Wilhelmus and Steen.**

The rate proposal for the physicians' program under Blue Cross-Blue Shield was discussed and the rates quoted do not seem to agree with those quoted the Board at their October meeting. **On motion of Drs. Steen and Gosman, the rate increase was approved. A motion to reconsider the action on this plan was requested by Dr. Santare and on motion of Drs. Scamahorn and Steen, the previous action was recalled for reconsideration. Dr. Scamahorn and Dr. Steen then moved that this matter be referred to the Board Committee in Liaison with Blue Shield and the Blue Cross Committee chaired by Dr. Dukes and Dr. Santare, for reconsideration and investigation and that they make their report back to the Board at its meeting on February 7th. The motion was adopted.**

The Public Affairs meeting in Washington was then discussed and by consent it was agreed that Dr. Steen, Dr. Schuster, Dr. Stephen Smith, Dr. Joe Dukes, Dr. Petrich, and the executive secretary represent the Indiana State Medical Association.

1970 CONVENTION IN SOUTH BEND—The facilities for handling the 1970 convention in South Bend were then discussed **and on motion of Drs. Gosman and Hillis it was moved that the 1970 convention not be held in South Bend. The motion was then made to table the matter until the January 11 session for further discussion at which time Dr. Denham, president of the St. Joseph County Society, and Dr. Bechtold would appear before the Board of Trustees.**

Reports from Committees and Commissions

REPORT OF THE BOARD COMMITTEE ON MEDICAL EDUCATION—Dr. Petrich, chairman, announced that the Board of Trustees would meet on January 11th in the Student Union Building of the I.U. Medical School with representatives of the faculty and the I.U. Alumni Council.

BOARD LIAISON COMMITTEE WITH BLUE SHIELD—Dr. Dukes, chairman, again discussed a letter from the Tippecanoe County Medical Society in which they were complaining about not being able to obtain information concerning the Blue Shield records on usual and customary fees for physicians in Tippecanoe County. The committee also reported they had reviewed the letter of reply from Blue Shield, substantiated the information contained in the Blue Shield correspondence and agreeing that any individual may have his fees compared with the usual and customary fees in his area and be told how he rates—above, below, or with those particular fees but that it was improper for Blue Shield to supply an individual physician with records of the usual and customary charges of other physicians in the area.

Dr. Dukes also discussed some correspondence between Blue Shield and a member of the Wayne-Union County Medical Society and announced that Blue Shield would not sell any more standard programs and that they were being phased out gradually. It was also suggested that Dr. Petrich, as chairman of the Board, write a letter to the Tippecanoe County Society explaining

the attitude of the Board and approval of the substance of the Blue Shield reply. On motion of Dr. Dukes and seconded by several, the motion was approved.

JOINT BOARD COMMITTEE ON GOVERNMENTAL MEDICAL SERVICES—Dr. McIntosh, chairman, reported on the progress of the Comprehensive Health Planning in the state of Indiana and stated that Mr. Kilborn would like an official letter from the association acknowledging the desire of the association of the continued use of Mr. Miller in the Comprehensive Health Planning activities. **On motion of Drs. Steen and Dukes, the secretary is instructed to write such a letter. On motion of Drs. Dukes and Kerr, the report of the committee was approved.**

BOARD COMMITTEE ON ECONOMICS AND FISCAL MATTERS—Dr. Wilhelmus, chairman, reported on the cost analysis which had been made on handling meetings in the headquarters building as compared to the cost of handling them in Chicago **and the report was adopted on motion of Drs. Wilhelmus and Kerr. On motion of Dr. Wilhelmus, seconded by Dr. Kerr and Dr. Dukes, the Board voted to hold its next meeting in Chicago in conjunction with the AMA Congress on Medical Education and Licensure, the dates being February 8, 9, 10, 1970.**

Dr. Wilhelmus next reviewed a letter from the George S. Olive Company, auditors for the association, and several recommendations made by them. **Dr. Wilhelmus moved that we adopt the recommendation concerning certain items in the headquarters budget to be transferred to the building fund, seconded by Dr. Kerr and carried. The recommendation that some $17,000 of association funds be transferred to the building fund for the purpose of funding depreciation was next discussed and Dr. Wilhelmus moved that we not transfer these securities. The motion was seconded by Dr. Hillis and carried.**

Recommendations of the auditors concerning certain changes in the accounting system were approved on motion of Dr. Wilhelmus and seconded by Drs. Hillis and Dukes. The auditors recommended that federal tax form 990T be filed on *The Journal* income and this recommendation was approved on motion of Dr. Wilhelmus and seconded by Drs. Clark and Hoyt. The recommendation of the auditors to fund *The Journal* in the amount of some $8,000 was reviewed and on motion of Drs. Wilhelmus and seconded by many, the funding was not approved at this time pending further investigation with the George S. Olive Company relative to the best procedure to follow in this particular case. Next was notification of the auditors that the association would be liable for gross income tax for *The Journal* for the years 1967, 1968 and 1969 and that the association should file these forms voluntarily. The tax would amount to approximately $400 per year. Payment was authorized on motion of Dr. Wilhelmus and seconded by Dr. Hillis.

REPORT OF THE COMMITTEE ON ORIENTATION—Dr. William Clark, chairman, stated he would attempt to have a report ready for presentation at the next meeting of the Board.

AD HOC COMMITTEE ON MEDICAL USE OF COMPUTERS—Dr. Reid gave a progress report on the computer program **and his report was adopted on motion of Drs. Reid and Kerr.**

REPORT OF THE COMMISSION ON CONSTITUTION AND BYLAWS—Dr. Gordon Fessler, chairman, submitted the following report: The Commission on Constitution and Bylaws met in the headquarters office on January 4, 1970, as requested by the Board of Trustees for the purpose of reviewing the 1969 action of the House of Delegates with respect to the creation of the additional trusteeship of the Seventh District. The Commission on Constitution and Bylaws did request legal counsel to assist with deliberations. Also we listened to the taped proceedings of the House dealing with their actions on this matter. After reviewing all the provisions of the Constitution and the Bylaws, we believe that the House of Delegates acted in violation to its Constitution and Bylaws for the following reasons:

(1) There isn't any wording in Resolution 69-35 creating an amendment to the Constitution and Bylaws as presented to the House of Delegates.

(2) The resolution in question constitutes only a recommendation by the Board of Trustees for the consideration of the House of Delegates. This was made in accordance of the action of the House of Delegates in the 1968 session which mandated the Board to submit a plan for the House of Delegates to consider.

(3) The resolution, as submitted to the House of Delegates, called for the House of Delegates (if they approved the plan) to then refer the plan to the Commission on Constitution and Bylaws for the purpose of preparing the appropriate amendments to the Constitution and Bylaws for submission to the House of Delegates in accordance with the Constitution and Bylaws.

(4) The House of Delegates deleted the question of even referring this proposed plan to the Commission on Constitution and Bylaws or to the House of Delegates for the purpose of amending the Constitution and Bylaws.

(5) We find the action of the House of Delegates in conflict with Article VI, Article IX, Sections 1 and 5, and Article XIV of the Constitution. We also find the action inconsistent with the Bylaws, Chapter V, Section 5, also Chapter VII, Section 1 and Chapter XXVII, Section 4, and Chapter XXXIII.

We further find it necessary to implement such a plan by amending Chapter XXVIII by adding a new Section 5 and renumbering the remaining sections. We, therefore, do not believe that we can concur with the House of Delegates that they acted in accordance with the Constitution and Bylaws. In order to implement this plan it will be necessary for appropriate amendments to the Constitution and Bylaws to be introduced at the next annual meeting of the House of Delegates.

We have made the following recommendations to be made in the Constitution:

Be it resolved, that in Article VI, the last sentence, "Seven Trustees shall constitute a quorum," that this be deleted and replaced by "A majority of elected Trustees shall constitute a quorum."

Be it resolved, that in Article IX, Section 1, the first sentence, that the word "thirteen" be deleted and the word "the" be substituted.

Be it resolved, that Article IX, Section 4, be amended in the second sentence—the word "Trustee" be changed to "Trustee(s)" with a small "s" in parenthesis and by adding "Alternate Trustee(s)"—which will make the second sentence read in part, "If any district fails to meet and elect its Trustee(s) or Alternate Trustee(s) by the time of the expiration of the incumbent's term of office *******"

Be it resolved that Article IX, Section 5, be amended by making the first sentence to read, "Each Trustee district shall elect Alternate Trustee(s) (with the "s" in parenthesis) whose term of office shall be the same as the Trustee, namely three years." The remainder of the section to remain the same.

We make the following recommendations to be made in the Bylaws:

Be it resolved, that in Chapter XXVII, Section 4, of the Bylaws, be amended by adding "(s)" following the words "Trustee" and "Alternate Trustee" wherever it appears in the first sentence of this section and that the last sentence of this same

section be amended by adding the "(s)" after the word "Trustee."

Be it resolved, that in Chapter XXVIII a new Section 5 be inserted, and the present Section 5 be renumbered "6" and Section 6 be renumbered "7" and so on to the end of the Chapter. The new Section 5 would be, "Sec. 5. Each district shall have one Trustee and one Alternate Trustee for each 600 active members, or major fraction thereof; but in any event, each district shall have one Trustee and one Alternate Trustee. The term of each Trusteeship newly created by the numerical growth of the district shall begin after the next succeeding annual meeting of the House of Delegates (in accordance with Chapter VII, Section 1.)"

We submit this to the Board of Trustees.

Very respectfully yours,
Gordon S. Fessler, M.D.
Chairman

Eli Goodman, M.D.; George W. Willison, M.D.; Paul B. Arbogast, M.D.; Donald B. Garvin, M.D.; Glen Ward Lee, M.D.; Joseph F. Ferrara, M.D.; Wallace A. Scea, M.D.; Chester L. Waits, M.D.; George Young, M.D.; Everett Smith, M.D.; Jerome C. Schubert, M.D.; Charles Plank, M.D.; William M. Sholty, M.D.; Eugene W. Austin, M.D.

On motion of Dr. Kerr and seconded by many, it was moved that Dr. Schuster be seated as a trustee with full privileges and a copy of the report of the Commission on Constitution and Bylaws be referred to the House of Delegates.

REMISSION OF DUES—Remission of dues of a physician from **Dearborn-Ohio; one from Marion; one from Allen and one from Lake Counties were approved on motions by the trustees from the respective districts.**

REPORT OF THE COMMISSION ON CONVENTION ARRANGEMENTS—A preliminary report was given to the Board and it was announced the commission would attempt to prepare a tentative program to present at the next meeting of the Board. The commission will meet again on January 14th. The Board remarked to Dr. Ferry that the 1970 convention should be limited to three days. **The report was approved by Drs. Scamahorn and Kerr.**

The chairman announced that Dr. Wilhelmus would serve as a committee of one of the Board to prepare a standard college health form.

BOARD OF TRUSTEES

January 11, 1970

The Board of Trustees of the Indiana State Medical Association convened at 10:00 A.M. in the Student Union Building of the I.U. Medical Center for a joint meeting with the faculty and the Alumni Association. The meeting was called to order by Mr. Frank M. Bard, president of the Alumni Association. The Board then heard reports from Dean Glenn W. Irwin, Jr.; a progress report of the Medical School of Admissions by Dr. James O. Ritchey; a report from the Department of Pathology by Dr. Joshua Edwards and a report from the Department of Clinical Pathology by Dr. Carleton Norshow.

The group then recessed to reconvene in the headquarters building of the Indiana State Medical Association.

Immediately following lunch, Dr. Denham and Dr. Bechtold appeared and reviewed with the Board their plans and sincere desire that the association hold its 1970 meeting in South Bend even though it would mean a financial loss to the association. **Following this discussion, on motion of Dr. Gosman, seconded by Drs. Kerr and Wilhelmus, the Board voted that the 1970 meeting would be held in South Bend.**

The secretary suggested to the Board that they might consider a method used by the AMA in determining locations for meetings of that association. Under their policy, a checklist of requirements is made available to cities desiring the AMA to hold their meeting in their locality and these requests go to the Board of Trustees. The Board of Trustees, after review, then recommend to the House of Delegates the locations for the meetings. **The recommendation of the secretary was adopted and on motion of Drs. Steen and Harshman, it was moved that the chairman appoint a committee to prepare a white paper outlining the requirements for conventions of the ISMA. The committee named was Dr. Hoyt, Dr. Scamahorn, Dr. Petrich and the executive secretary.**

On motion of Dr. Steen and seconded by many, the suggestion made by the executive secretary of a method for selecting locations for future meetings was referred to the Commission on Constitution and Bylaws for implementation.

REPORT OF DR. FARQUHAR—Dr. Farquhar, chairman of the Commission on Emergency Medical Services, next appeared before the Board and certain recommendations were made for proposed legislation to be presented in the 1971 session of the Legislature. The proposals presented were: (1) Uniform ambulance ordinance for Indiana; (2) Minimum equipment stipulation; (3) Training programs for ambulance personnel to be carried on a statewide basis; (4) Good Samaritan type of relief from public liability for ambulance operators and personnel.

REPORT OF DR. JOHN HICKAM—The Board then heard a report from Dr. John Hickam, Director of the Regenstrief Foundation. He reported that Mr. Regenstrief, a Connersville industrialist, has made available to the school $275,000 per year to conduct studies in the fields of more efficient utilization of physicians' time, innovations in medical care and patient reaction to these approaches. **Following discussion, Dr. Hickam's report, on motion duly made and seconded, the president was requested to write a letter to Mr. Regenstrief expressing the appreciation of the Indiana State Medical Association in his establishment of this foundation at Indiana University.**

A discussion was then held concerning the retention of physicians in Indiana and on motion duly made and seconded, a survey of students to attempt to find this answer was approved by the Board.

There being no further business, the meeting was adjourned to meet again in the Palmer House in Chicago at 9:00 A.M. CST, Saturday, February 7, 1970. ◄

EXECUTIVE COMMITTEE

Friday, January 9, 1970

The meeting convened in the headquarters office at 6:00 p.m. with Donald Kerr, M.D., chairman, presiding.

Present: Donald M. Kerr, M.D., chairman; Burton E. Kintner, M.D., Lowell H. Steen, M.D., Malcolm O. Scamahorn, M.D., Peter R. Petrich, M.D., Lester H. Hoyt, M.D., Hugh K. Thatcher, M.D., Frank Ramsey, M.D., and Jas. A. Waggener.

MINUTES OF THE MEETING held December 18, 1969 were approved on motion of Drs. Steen and Petrich.

MEETING WITH PRESIDENT OF AUXILIARY—The chairman gave his report on the meeting with Mrs. Schneider, president of the Woman's Auxiliary, and on motion of Drs. Hoyt and Petrich, the association voted to make a contribution of $1,000 to the auxiliary to assist them in their program.

The chairman also reported that the auxiliary had appointed a committee to assist and advise the association concerning the installation of kitchen equipment in the basement of the headquarters building. The chairman commented that the auxiliary felt they had been giving us monies for this purpose, felt something should be done and that they should have permission to consult and advise on such installation.

On motion of Drs. Steen and Hoyt, an ad hoc committee was appointed to study this matter. The committee is to consist of the chairman of the Board of Trustees, the chairman of the Executive Committee, and the executive secretary of the association, together with the president of the auxiliary and her committee appointed for this purpose. The motion was carried.

Membership Report:

Membership report as of December 31, 1969:

Number of members as of December 31, 1968	4,444
1969 members as of December 31, 1969:	
Full dues paying	3,931
Residents and interns	108
Board remitted	58
Senior	340
Honorary	3
Military	45
Total 1969 members as of December 31, 1969	4,482
Total 1968 members as of December 31, 1968	4,444
Number of AMA members as of December 31, 1969	4,286
1969 AMA members as of December 31, 1969	4,330
Full dues paying	3,779
Exempt, but active	551
	4,330
Number who have paid state dues but not AMA dues as of December 31, 1969	152
Number who paid state dues but not AMA dues as of December 31, 1968	154
Number of members who have paid 1970 dues as of January 6, 1970:	
Full dues paying	1,454
Interns and residents	22

Headquarters Office

REVIEW OF REVISED BUDGET—The secretary presented a revised budget and on motion of Drs. Steen and Petrich, the budget was approved and ordered referred to the Board Committee on Fiscal Matters.

LETTER FROM GEO. S. OLIVE CO.—A letter from the George S. Olive Co. concerning certain changes recommended by them on the budgeting and accounting procedures was reviewed, and on motion of Drs. Petrich and Steen, this letter is referred to the Board Committee on Fiscal Matters and the Board of Trustees for action.

PROPOSED MEMBERSHIP SURVEY—The proposed survey of the membership concerning the field service was next discussed and on motion of Drs. Steen and Hoyt, the letter was approved with the suggestion that individual physicians be given the Wats line number in order that they might telephone their comments. The motion also included that this be referred to the Board of Trustees with the above recommendation.

PURCHASE OF EQUIPMENT—The secretary reported it had been necessary to purchase a new time stamp for use in dating and timing incoming mail inasmuch as the old time stamp no longer had a year on it and a new wheel could not be purchased as the manufacture of this particular equipment was discontinued in 1958.

The secretary also reported he had purchased a floor scrubbing machine for use in the building.

The actions of the executive secretary were approved on motion of Drs. Steen and Scamahorn.

Treasurer's Office

The treasurer gave a report on the income and expense statement for 1969; cash and securities report and investments. His report was approved on motion of Drs. Kintner and Petrich.

It was suggested to Dr. Hoyt that he give a detailed report of the investments, and what the investments were for, to the Board Committee on Fiscal Matters.

Organization Matters

PETITION FROM ALLEN COUNTY—The president reviewed the petition from Allen County and from Marion County and announced that he had set the date for the special meeting of the House of Delegates for March 15th to be convened at 10:00 a.m. in the Columbia Club in Indianapolis.

The president next discussed some of his thinking with respect to problems of the Medicaid program just implemented by the state and moved that the Executive Committee indicate to the Board that we urge, request, or demand that Blue Shield indicate on their Medicaid printouts that the fee is not paid and that they indicate "Medicaid Maximum" rather than "Allowable Charges." The motion was seconded by Dr. Kintner.

LETTER FROM TIPPECANOE CO. SOCIETY was read in which they requested information concerning usual and customary charges in their county and on motion of Drs. Petrich and Steen, it was voted to request that Blue Shield prepare such reports on usual and customary charges in their county. It was also voted that this should be referred to the Board of Trustees.

Several other items of correspondence were read concerning Medicaid, namely a comment from the United States Chamber of Commerce; a letter from the Johnson County Medical Society; a letter from a physician in Vigo County and a section of the News Letter of the Alabama Medical Association.

A letter was read from a Fort Wayne doctor concerning the Medicaid program which posed many legal questions. This was referred to the AMA legal department for reply and the action was taken by consent.

REPORT OF THE COMMISSION ON CONSTITUTION AND BYLAWS concerning the additional trustee for the 7th District and the opinion rendered the association by the legal counsel for ISMA was reviewed and by consent these matters were referred to the Board of Trustees.

LETTER FROM HEALTH INSURANCE COUNCIL—A letter from the Health Insurance Council requesting an audience with a representative of the association and others for discussion of peer

review was read and on motion of Drs. Petrich and Scamahorn, the president was authorized to name a representative or representatives.

LETTER FROM THE AMERICAN COLLEGE OF OB-GYN notifying all medical groups that any time insurance fee structures were to be discussed which had a bearing upon any specialty that their group have a representative in attendance. This was taken as a matter of information.

LETTER FROM EMPLOYERS MUTUAL OF WAUSAU complaining about the charges of a physician was reviewed and on motion of Dr. Petrich and taken by consent, it was agreed that this communication should first be referred to the county medical society asking them if they desired to review this complaint and to attempt to resolve it or if they preferred the association to take the matter under advisement.

CORRESPONDENCE FROM A PHYSICIAN IN GREENE COUNTY concerning the Orientation Program was reviewed and by consent this was referred to the Board of Trustees.

LETTER FROM AN INDIANA PHYSICIAN who participated in the convention program was read for the information of the committee.

LETTER FROM THE AMA and the Guarantee Bank concerning the fact that they were now receiving nominations for the Sheen Award was reviewed and by consent it was agreed that the name of James O. Ritchey, M.D. would be submitted.

REQUEST OF INDIANAPOLIS URBAN LEAGUE for a membership in this organization was reviewed and no action was taken.

REQUEST OF DR. FARQUHAR, chairman of the Commission on Emergency Medical Services, for the association to obtain a legal opinion on certain federal laws was reviewed and the secretary was authorized to obtain such an opinion on motion of Drs. Steen and Petrich.

A LEGAL OPINION previously requested by a physician in Vanderburgh County was reviewed for the information of the committee, as was an opinion obtained for the Delaware-Blackford Society, and by consent it was agreed that copies of the opinions be sent to officers of that county medical society and that they should be published in *The Journal.*

MALPRACTICE SUITS IN CALIFORNIA—A report was made on the two suits which have been filed in the state of California charging malpractice insurance carriers of violation of the anti-trust provisions of the federal law.

REQUEST FROM FULTON COUNTY MEDICAL SOCIETY together with a report from the secretary of the State Board of Medical Registration and Examination of their discussion with the attorney general was reviewed for the information of the committee.

PROPOSAL FROM BLUE CROSS-BLUE SHIELD for a rate increase in the physician group was read and by consent referred to the Board of Trustees.

LETTER FROM A DOCTOR IN MADISON COUNTY listing eight questions dealing with ethics and legal aspects of the practice of medicine was reviewed and the Board prepared answers to the various questions for transmittal to the physician.

LETTER FROM THE INDIANA YOUTH POWER CONFERENCE requesting the usual $50.00 contribution towards support of the conference to be held March 5-6 was approved on motion of Drs. Kintner and Steen.

A REPORT FROM THE AMA WASHINGTON OFFICE concerning the requirement of the Internal Revenue Service for reporting payments of $600 or more to a physician by insurance companies and announcing that this regulation had been deferred for one year was read for the information of the committee.

Future Meetings

Announcement of a Conference of Personnel Activity Study and Medical Audit Program to be held in Park Ridge, Illinois January 20th was reviewed and taken as a matter of information.

The program for the Congress on Medical Education to be held in Chicago on February 8-9 was reviewed and taken as a matter of information.

The Public Affairs Workshop in Washington, D.C. was discussed and this is to be referred to the Board of Trustees.

The 16th Annual Conference of State Mental Health Representatives to be held in Chicago March 13-14. On motion of Drs. Steen and Hoyt, Dr. Kerr was authorized to represent the association at this meeting.

Announcement of the 3rd Annual National Conference on Voluntary Health to be held in Washington, D.C. May 7-8 was read and Dr. Steen stated that Dr. Norman Booher would probably attend this meeting as a representative on the AMA Council on Voluntary Health Agencies and might serve in a dual capacity as a representative of the association.

There being no further business the committee adjourned.

COMMERCIAL ANNOUNCEMENTS

FOR SALE: Officially, Attested, Advanced Register Angus bulls, also, frozen semen from proven sires. Write today for prices and production data.
WYE PLANTATION Queenstown, Maryland 21658
Telephones: 301/827-7160
301/827-7166

WANTED: Department Chief and General Practitioners for Medical-Surgical Department of 1900-bed JCAH approved mental hospital. Salary to $29,000 depending on training and experience. Excellent fringe benefits. College town. Summer-winter sports area. Near Interlochen National Music Camp. Small town peace and quiet—big city culture. Contact M. Duane Sommerness, M.D., Superintendent, Traverse City State Hospital, Traverse City, Michigan 49684. An equal opportunity employer.

AVAILABLE: General Practice. Leaving for residency. Select clientele. Open staff hospital. Excellent consultants. Industrial town of 40-50,000. Coverage possible. Available until May 1. Phone 219—522-1080 (days); nights 616—641-5364, Elkhart, Indiana or write Edwin H. Gray, M.D., 518 West Franklin, Elkhart, Indiana 46514.

FOR SALE: Former doctor's residence and office. Located in northern Indiana town close to lake district. Send inquiries to: Del Auer Real Estate, P.O. Box 526, Columbia City 46725.

PHYSICIANS (FOUR NEEDED): Industrial physicians needed for two plants, one in southern Indiana and one in southern Michigan. Senior Clinical Physician with known stature in the field of clinical medicine or the F.D.A. Clinical R & D Physician also needed. Need not be board certified but should have specialty interests. Salaries $25,000-$35,000 area. Contact Guy Smith, % BFM Associates, Inc., 11 N. Pennsylvania, Suite 303, Indianapolis, Indiana 46204, or call (317) 639-2531.

PSYCHIATRIC RESIDENCIES: We offer nothing but excellent psychiatric training in a stimulating, well-organized program located in a culturally advantaged community. Approved psychiatric training. Traverse City State Hospital, Michigan Department of Mental Health. Three and five year programs. Salary, 3 year program: $10,669; $11,191; $12,131. 5 year program: $12,152; $14,031; $16,328; $21,944; $23,093. NIMH-GP stipends available. Located in Michigan's serene, scenic recreation area on Grand Traverse Bay. Contact Dr. Paul E. Kauffman, Director of Training, Traverse City State Hospital, Traverse City, Michigan 49684. An equal opportunity employer.

WANTED: Internist to associate with 58-year-old physician in northern Indiana community of 50,000. Salary to start; option after six months for full partnership. Write William A. Paff, M.D., 115 S. Third St., Elkhart, Indiana 46514.

WANTED: G. P. to associate with a busy G. P.-Surgeon. Foreign graduate with Indiana license welcome. Contact Ramesh S. Carpenter, Garrett, Indiana 46738.
Tel. (219) 357-4422.

WANTED: G. P. to take over established practice in Johnson County, 15 miles south of Indianapolis. Leaving for residency. New hospital in area with open staff and physician coverage in E. R. on holidays and weekends. Time off traded with two other G. P.'s in area. Ideal opportunity for single G. P. or two G. P.'s for group practice. 6,000 population, with no other M.D. in community. Contact George Bullington, M.D., Whiteland, 535-7558 or 736-5346.

IMMEDIATE OPENING: Internist or general practitioner to join six man multi-specialty group in northeastern Wisconsin. Excellent professional opportunity to practice in a friendly community, only two actively practicing physicians (general practitioners) in the community outside of our clinic. Salary commensurate with training and experience first year and then full partnership. Ideal, safe small city living for the family on scenic Lake Michigan with excellent fishing, boating and hunting. All this and still only 1½ hours drive to Milwaukee or 45 minutes to Green Bay or lovely Door County. For complete details contact Robert E. Myers, M.D., Garfield at 23rd, Two Rivers, Wisconsin 54241.

NOTICE

Commercial announcements are carried in the Journal as a special service to ISMA members. Only advertisements considered to be of advantage to members by the Journal editorial board will be accepted. Those of a truly commercial nature (i.e., firms selling brand products, services, etc.) will be considered for display type advertising.

Charges for commercial announcements are:

First four lines: $3.00
each additional line: 50¢

Send cash with order. Average count: seven words to the line.

DEADLINE: Fifth day of month PRECEDING month of issue.

ADVERTISERS IN THIS ISSUE

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Arch Laboratories 216
Breon Laboratories, Inc. 203
Brown Pharmaceutical Co. 249
Burroughs Wellcome & Co., Inc. 218
Campbell Soup Company 251
Hanger, J. E., Inc. 278
Harding Hospital 270
Highland Hospital 265
Hook's Drugs 209
Hynson, Westcott & Dunning, Inc. 199
Indiana Medical Bureau 245
Lederle Laboratories 201, 217
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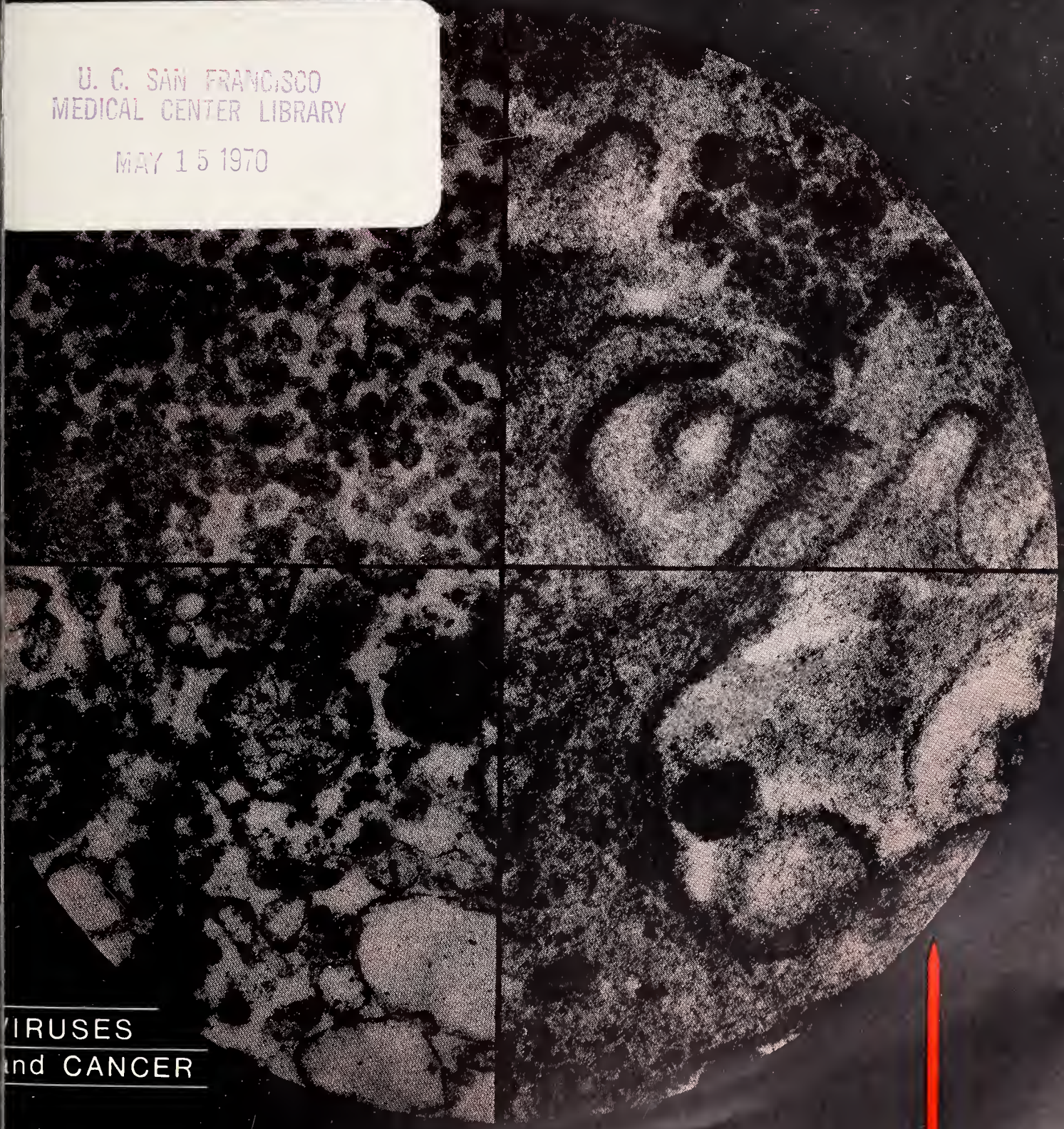

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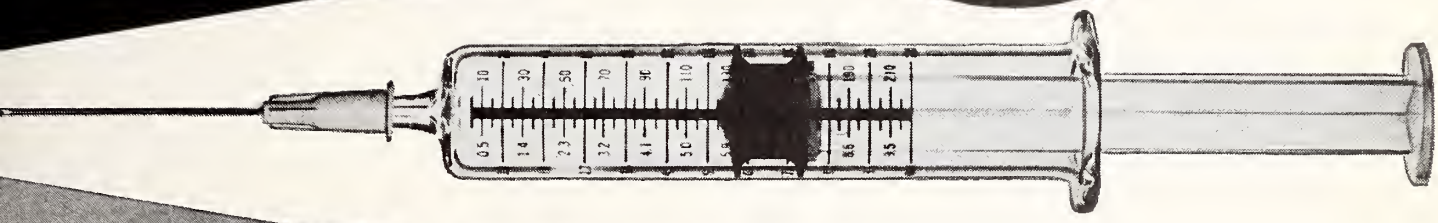

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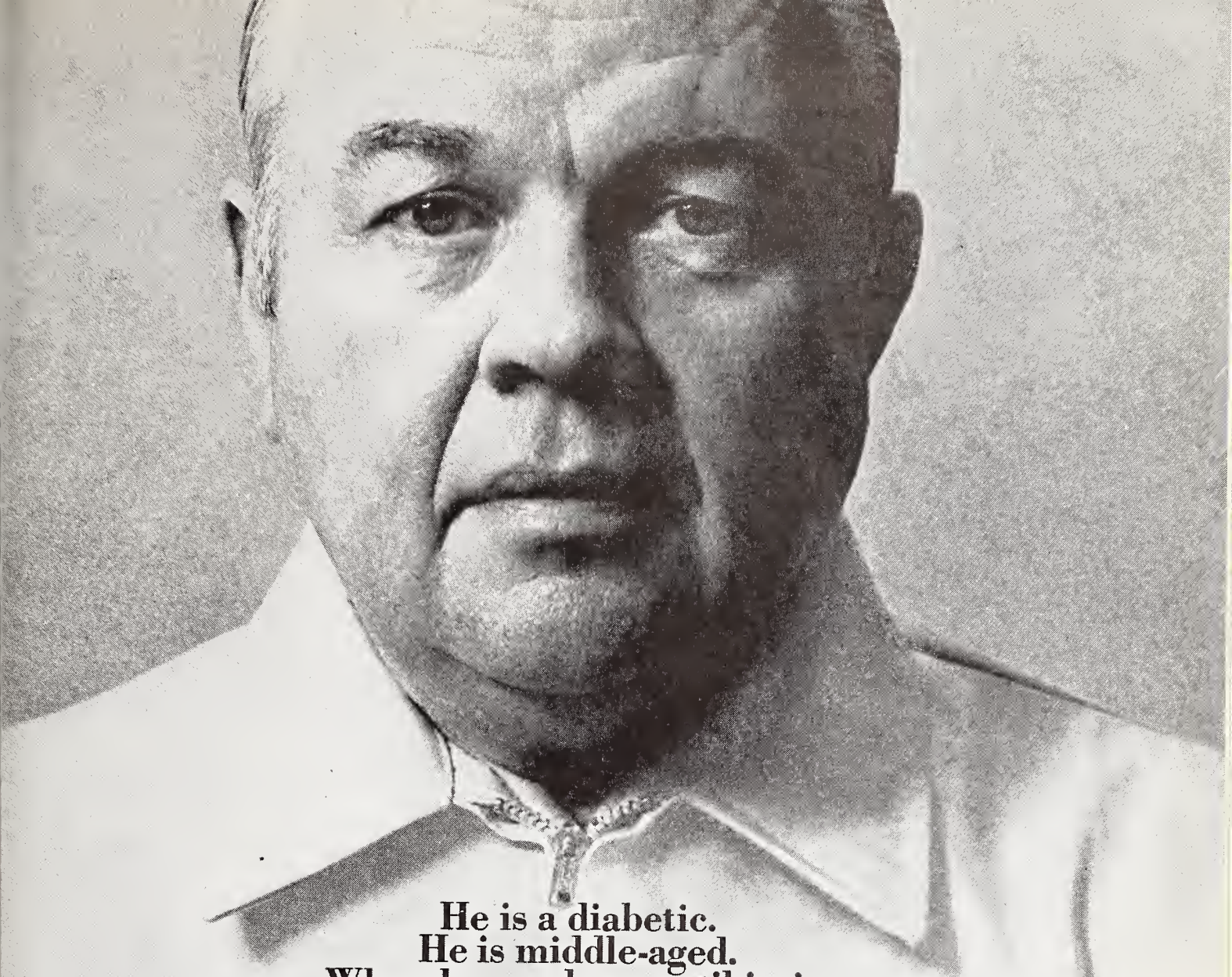

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4.	D. D. Dickson, Greensburg	James C. Miller, Greensburg	May 13, 1970
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6.	Perry F. Seal, Braakville	Mark Smith, New Castle	May 6, 1970
7.	Malcolm O. Scamaharn, Pittsbara	Donald E. Stephens, Indianapalis	June 10, 1970
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9.	James M. Kirtley, Crawfardsville	Wesley E. Shannon, Crawfordsville	June 11, 1970, Crawfardsville
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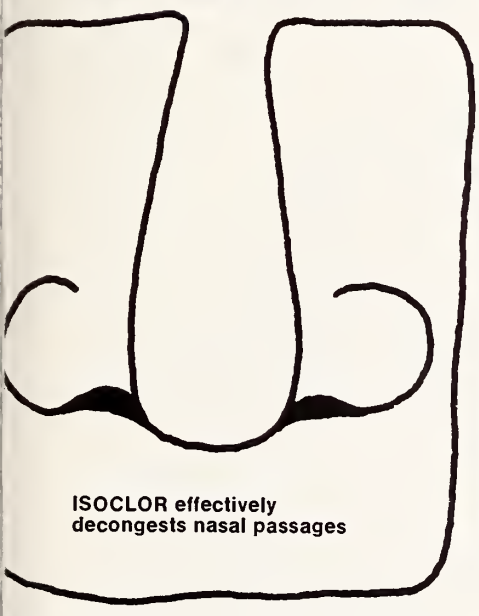
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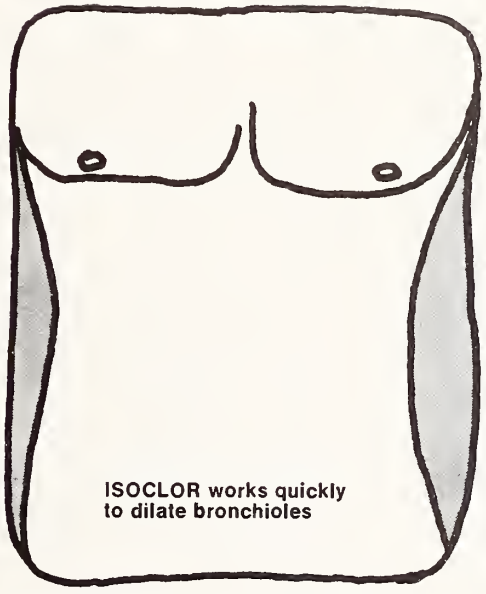
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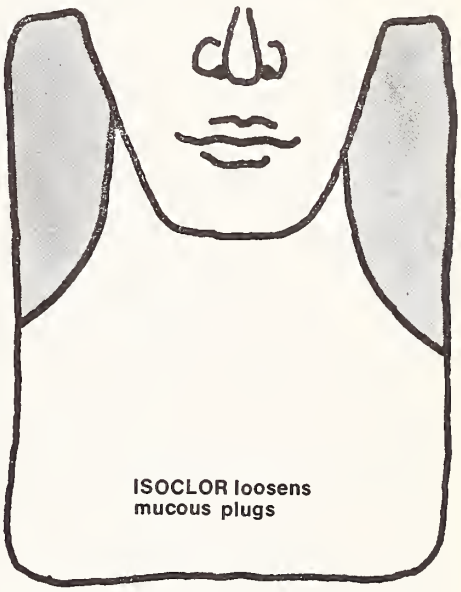
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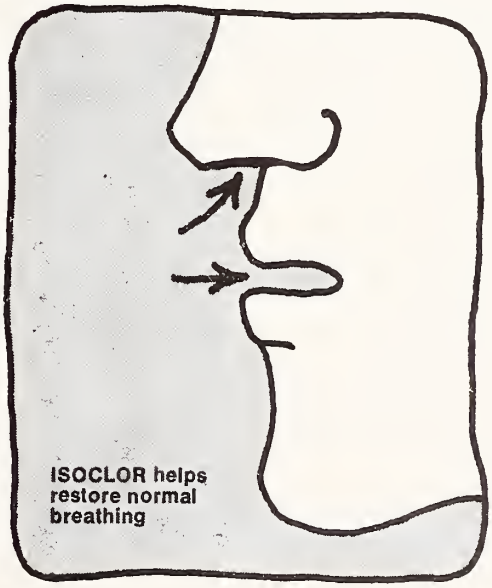
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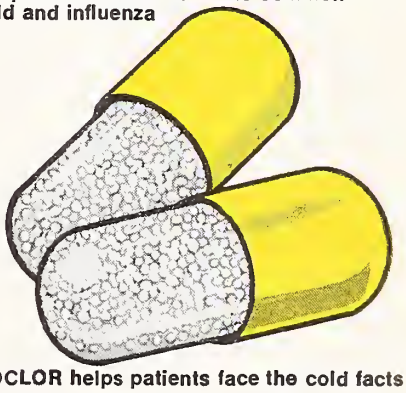

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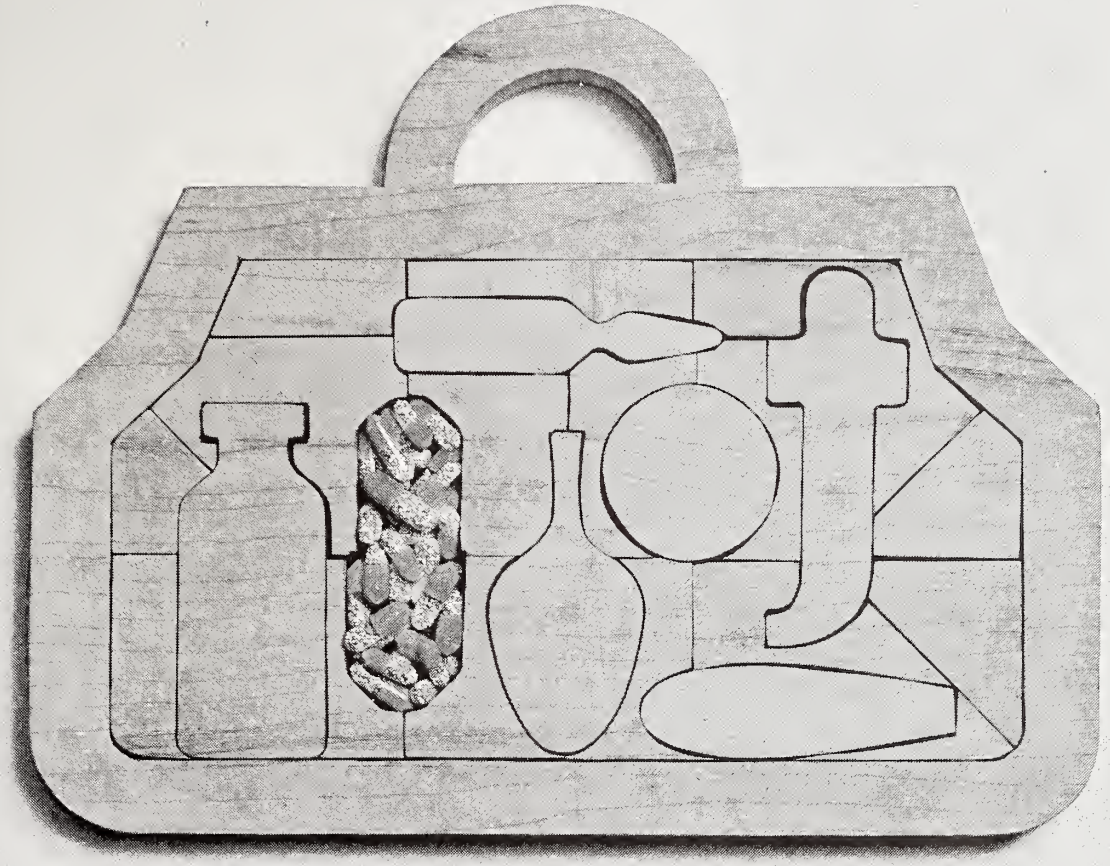

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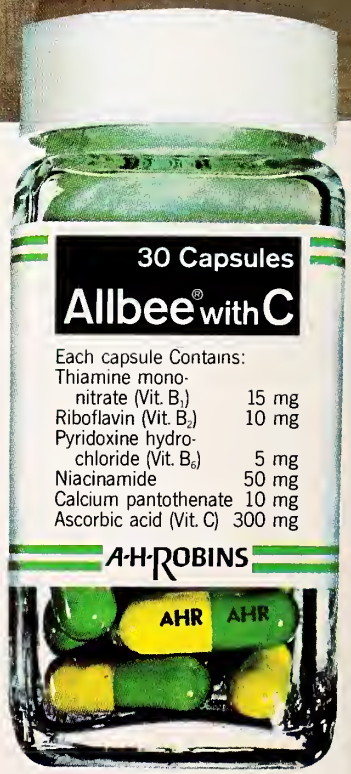

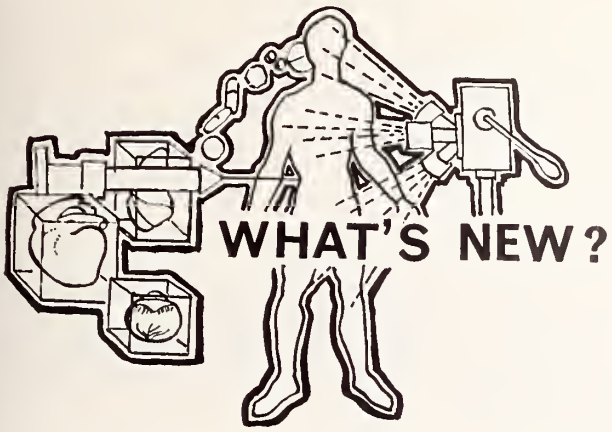

Mead Johnson is marketing a new prescription drug Gynorest (dydrogesterone). It is a therapeutic progestogen that acts primarily on the uterus. Ovulation is not inhibited, basal temperature is not affected and there are no androgenic or estrogenic effects. It is indicated for painful menstruation not due to organic disease, habitual or threatened abortion due to progesterone insufficiency and other gynecological disorders. It is dispensed in 10 mg. and 5 mg. tablets.

* * *

The J. T. Posey Company is marketing a new type soft tie wrist or ankle restraint with a synthetic wool lining. It is available in adult and infant sizes and is designed to attach to the side rail of the bed or the chair arm. It is also made in a model with a Velcro locking device.

* * *

The late Dr. Charles W. Mayo was the author of a family history "Mayo: The Story of My Family and My Career," just published by Doubleday. Dr. Mayo recounts the story of his grandfather, father and uncle who preceded him in the establishment of the clinic—"Three Generations of Medical Greatness." The book is now on sale for $6.95.

* * *

Mead Johnson will market a convenient and economical means of administering aerosol medication in the home. It is called the Maxi-Myst Aerosol Unit and consists of a basic air compressor, storage tray, nebulizer and accessory parts. It is designed for use by patients with bronchopulmonary conditions.

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"A Better Life With Your Ulcer" by H. Phelps Potter, M.D., has just been published by Doubleday. The book explains in laymen's language other factors in treatment besides diet and bases its dietary advice on the theory that most ulcer diets are too restricted. Dr. Potter is a Fellow of the American College of Physicians and is chief of the Gastrointestinal Division of Women's Medical College and Hospital in Philadelphia. The 96-page book sells for $3.95.

* * *

News of what is new in the medical supply industry is composed of abstracts from news releases by manufacturers—of pharmaceuticals, clinical laboratory supplies, instruments, and surgical appliances and book publishers. Each item is published as news and does not necessarily constitute an indorsement of a product or recommendation for its use by THE JOURNAL or by the Indiana State Medical Association.

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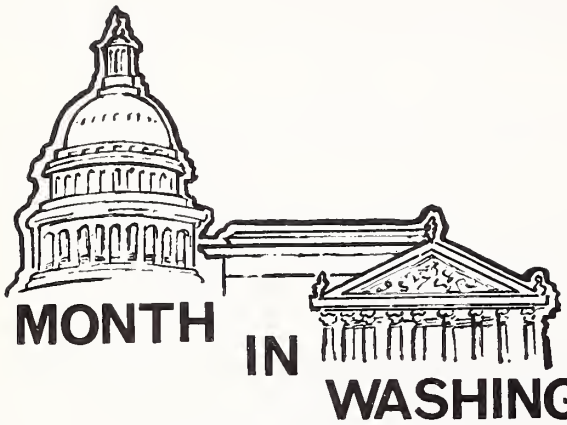

This summary of what is happening in Washington is prepared by AMA's Capitol office and air-mailed to *The Journal* on the ninth of each month preceding month of issue.

THE Nixon Administration called for limitations on medicare and medicaid reimbursements to physicians and hospitals.

HEALTH, Education and Welfare Under Secretary John G. Veneman told the Senate Finance Committee that, because of rising costs, "it is now time to make some fundamental changes in the law which governs medicare and medicaid reimbursements." He said the reasonable cost and reasonable charge criteria in the medicare law had not provided opportunity for major cost-control efforts.

"WE NEED an incentive system of institutional reimbursement and we need changes in the law that will help control the increases in the amount that the medicare program will recognize in the charges of individual practitioners. . . .

"I BELIEVE . . . that the law should be changed so as to limit further the rate at which increases in physicians' fees would be recognized by medicare. The basic difficulty at present is that despite the improvements which have been made in applying reasonable charge guidelines, the best that can be done under present law is to introduce a lag in the recognition of fee increases. . . .

"CUSTOMARY and prevailing charges under the program and the fees recognized by the carriers under comparable circumstances in their own business reflect, in the long run and after a suitable lag in recognition of fee increases, whatever physicians choose to charge the public generally in a market where growing demand is pressing increasingly on the limited supply of health personnel.

"RELIANCE on Blue Shield fee schedules as the limiting factor in medicare reimbursement, as suggested in the Senate Finance Committee staff report, however, would not seem to us to have long-run viability. Tying payments under a program as large as medicare to Blue Shield schedules would surely exert a major upward pressure on those schedules. . . .

"WE BELIEVE that it is necessary to move in the direction of an approach to reasonable charge reimbursement that ties recognition of fee increases to an index.

"UNDER SUCH an approach, allowable charges recognized for medicare would next year be generally limited to either presently recognized charges or to a new prevailing level set at the 75th percentile of 1969 average customary charges for a given service in an area. In the future the prevailing charge screen would move upward only in proportion to increases in an index made up of pertinent portions of wage and price indices.Under such an approach, recognition of fee increases would continue, but only in relation to things that are

happening in other parts of the economy and that have a bearing on the physician's cost of doing business."

THE American Medical Association said that any proposal for further limitations on physicians' fees under the government programs would be unwise.

"FOR ALL practical purposes, a freeze on physicians' fees under the two federal programs has been in effect for more than a year and has proven to be ineffective," Gerald D. Dorman, M.D., AMA president, said. "The costs of the program have continued to rise in spite of the freeze.

"PHYSICIANS are disturbed by threats of additional federal controls.

"BURDENING these busy doctors with more red tape and restricting payments to unrealistically low levels may drive them away from participating in medicare and medicaid. Then the government will have discriminated against many people who need medical care. . . .

"THE NATIONAL interests would be better served if everyone joined with the American Medical Association in its efforts to provide more physicians."

MARIJUANA STUDIES OFFER NO VALID CONCLUSIONS

THE National Society for Medical Research said that no valid finding on the effects of marijuana can be expected for another two to seven years.

SCIENCE Research Society said part of the difficulty is there is no standard yardstick for evaluating marijuana in scientific studies. The basic weed from which marijuana is made can vary from plant to plant and from country to country, the group said.

BUT THE Society cautioned in a statement: "Until scientifically proven results are obtained, it appears as foolhardy to smoke marijuana as it would be to take any other unknown drug or chemical agent just for kicks."

THE SOCIETY said two projects are now going on in an effort to achieve scientific standardization in marijuana studies.

NEW AGREEMENTS NEGOTIATED ON HEROIN INFLUX

THE federal government has negotiated new agreements with France and Turkey aimed at stemming the flow of heroin into this country.

BUT, in announcing the agreements, John E. Ingersoll, director of the Bureau of Narcotics and Dangerous Drugs, said the government's long-range objective in dealing with the problem is "to induce the medical community to find adequate substitutes" for opium, from which heroin is derived.

INGERSOLL admitted the U.S. was asking a great deal of Turkey where opium has been grown for centuries.

"BUT WHEN you've got over 900 deaths last year from heroin, 224 of them teen-agers, in one city, I think you've got a right to start hollering," he said. "There have been three deaths a day from heroin in New York City this year. It is the major cause of death for 18 to 35-year-olds in New York City."

INGERSOLL estimated 80% of the 2.5 to 3 tons of heroin smuggled into the U.S. annually comes from the poppy fields of Turkey via the clandestine laboratories of France where the opium is refined into heroin.

THE AGREEMENT with Turkey includes a $3 million loan approved by the agency for international development in 1968. The money is to be used partly to

Continued

help the Turks substitute crops like sugar beets and sorghum for opium and partly to equip and train a 460-man narcotics police force.

THE U.S. AGREEMENT with France calls for frequent exchange of meetings in Washington, D.C. and in Paris to exchange information on such matters as the known drug traffickers and trafficking routes.

FRANCE also has assigned a force of 300 police to fight narcotics internally and 30 police to combat it at the international level. Ingersoll's narcotics bureau will increase its manpower in France next year and also will engage in a cross-training program with French police.

CONGRESS APPROVES APPROPRIATION BILL

CONGRESS finally approved an appropriation bill acceptable to President Nixon to provide funds for the Health, Education and Welfare and the Labor departments for the 1970 fiscal year which began last July 1.

THE TWO departments operated under stopgap Congressional resolutions while Nixon and Congress battled over how much money the bill should provide. The President vetoed the first bill passed by Congress on the ground that it would be inflationary because it exceeded his budget by $1.2 billion. Congress sustained the veto but still refused to go all the way with Nixon in cutting funds for the two departments. The second bill totaled $19.4 billion, $680 million more than the President requested. But Nixon accepted the compromise amount when Congress added a provision authorizing him to withhold two percent of the funds.

THE SECOND BILL had $176 million in Hill-Burton hospital funds, compared with $258 million in the vetoed measure. The appropriation for health facilities, educational research and libraries was cut from $149 million to $126 million.

HEALTH manpower direct loan funds remained the same, $234.5 million, but an administration spokesman said it was planned to withhold $15.5 million. Other announced plans to withhold funds in the health field included:

—$6 million from $108.8 million for air pollution control;
—$6.3 million from $35.5 million for construction of community mental health centers;
—$6.3 million from $360.3 million for mental health programs;
—$8.7 million from $146.3 million for the National Institute of Arthritis and Metabolic Diseases;
—$5.7 million from $107 million for the National Institute of Neurological Diseases and Stroke;
—$1.3 million from $103.7 million for the National Institute of Allergies and Infectious Diseases;
—$10.3 million from $164.6 million for the National Institute of General Medical Sciences;
—$7 million from $76.6 million for general research and services.

WARNING LEAFLET TO BE INCLUDED WITH "THE PILL"

THE Food and Drug Administration announced plans to require that a warning leaflet be included in every package of birth control pills.

"I HAVE COME to the conclusion that the information being supplied to the patients in the case of the oral contraceptive is insufficient and

that re-evaluation of our present policies is in order," FDA Commissioner Charles C. Edwards, M.D., told the Senate Monopoly Subcommittee at one of its public hearings on side-effects of birth control pills.

A PROPOSED DRAFT of the warning leaflet states that "there is a definite association between blood-clotting disorders and the use of the oral contraceptive."

IT EMPHASIZES the importance of reporting any side-effects to "your doctor."

"ALL OF THE oral contraceptive pills are highly effective for preventing pregnancy, when taken according to the approved directions," the proposed draft says. "Your doctor has taken your medical history and has given you a careful physical examination. He has discussed with you the risks of oral contraceptives and has decided that you can take this drug safely.

"THIS LEAFLET is your reminder of what your doctor has told you. Keep it handy and talk to him if you are experiencing any of the conditions you find described. . . .

"BESIDES WOMEN who have or who have had blood clots, other women who should not use oral contraceptives are those who have serious liver disease, cancer of the breast or certain other cancers and vaginal bleeding of unknown cause.

"IF YOU HAVE heart or kidney disease, asthma, high blood pressure, diabetes, epilepsy, fibroids of the uterus, migraine headaches, or if you have any problems with mental depression, your doctor has indicated you need special supervision while taking oral contraceptives.

"EVEN IF YOU don't have special problems, he will want to see you regularly to check your blood pressure, examine your breasts and make certain other tests."

AN American Medical Association spokesman questioned the tone of the language of the FDA's draft of the leaflet.

"IN GENERAL, it is a good idea to have a package insert but the text of the FDA proposal raises serious questions about the relationship between doctor and patient," he said. "It puts the full responsibility on the physician, but oral contraceptives generally are prescribed more as a convenience to a patient than as a medication. The patient must share responsibility both morally and legally and be alerted to her own responsibility."

THE FDA now requires that pharmaceutical manufacturers only warn physicians and pharmacists of side-effects and possible hazards of taking birth control pills. Makers of the drugs were given opportunity to comment on the proposed leaflet after its publication in the Federal Register.

IDENTICAL MEDICAL BILLS INTRODUCED

IDENTICAL bills designed to increase the number of physicians and allied health personnel in family medicine have been introduced in the House and Senate. Sponsors of the legislation say that prospects are good for Congressional approval this year.

THE LEGISLATION would authorize $50 million for the current fiscal year of 1971, $75 million for fiscal 1972 and $100 million for each of the next fiscal years for grants to medical schools and hospitals. The grants would be to help medical schools and hospitals establish departments and programs in family practice of medicine and to encourage the training of allied health personnel in that field of medicine.

SEN. Ralph W. Yarborough (D.-Tex.) sponsored the legislation (S. 3418)

Continued

in the Senate. Thirty-one other senators, both Democrats and Republicans, were co-signers of the bill. Yarborough is chairman of both the Senate Labor and Public Welfare Committee and the Subcommittee on Health which will handle the legislation. An aide said the senator would schedule hearings and that he was confident the Senate would approve the legislation this year.

REP. Fred B. Rooney (D.-Pa.) introduced the bill (H.R. 15793) in the House first this year. Rooney is a member of the House Interstate and Foreign Commerce Committee which will handle the legislation on that side of the capitol. Several other House members also introduced it separately.

AIDES to both Yarborough and Rooney said they had worked with representatives of the American Academy of General Practice in drafting the legislation. ◄

About Our Cover

The illustrations reproduced on this month's cover are electron micrographs of virus-like particles as they have been observed in the milk of apparently normal mice (upper left), in mammary cancer cells of mice (upper right and lower right) and in cells of a tissue culture of mouse mammary cancer (lower left). Research in the past 20 years has focused attention on viruses as possible causes of cancer in man. The manner in which viruses relate to cancer is not a readily apparent one, since factors such as chemical carcinogens, radiations, infections by other micro-organisms and other environmental factors quite clearly play important roles along with host susceptibility and immunologic response to the cancer or its virus etiologic agent.

The illustrations are reproduced from an article by Dmochowski, Seman and Gallager, who state, ". . . the relationship, if any, of the virus-like particles to human breast cancer is unknown at the present time . . . . Recently initiated immunologic studies of sera of breast cancer patients tested against their own tumors and against breast tumors from other patients may be of additional help in the search for a viral agent in human breast cancers."[1]

"There is no question about the causal role of viruses in many animal cancers, nor has there been for more than 50 years. Viruses have been proven to be the cause of cancer in fowl, mice, frogs and rabbits. . . . The ultimate proof of their causal role has been firmly established: filtrates from the virus-infected cancer tissue have been injected into healthy animals and they have induced cancer in these animals. As to the viral cause of cancer in man, there is only a suspicion, but a strong one. . . ."[2] Virus particles have been found in several types of human cancer tissue. However, their presence alone cannot be taken as proof of a causal role. Research into the cause of cancer in man must rely on indirect proof. Such proof is beginning to accumulate and there is widespread conviction among scientists today that viruses through their infective nucleic acids are very likely a cause of some cancers in man. Virus particles (of the EB virus) have been detected in cases of Burkitt's lymphoma, a particular type of lymphoma described originally in patients in equatorial Africa. Tissue from these lymphomas also contain antibodies to the EB virus. This suggests a role of the EB virus in the etiology of Burkitt's lymphoma and possibly other malignancies.

Cancer begins when a normal cell is transformed into a cell which is no longer like the others in the tissue since, instead of responding to bodily regulation which keeps other cells functioning as a part of the normal tissue, the transformed cell is freed of that response and begins to multiply without restraint. The multiplying cancer cells have then formed a tissue of their own which invades surrounding normal tissue and competes

with the host tissue for blood supply and nutrients. This transformation of a normal cell to a cancer cell is brought about by carcinogens—a virus, a chemical or radiation. Viruses, through their nucleic acids, may act in one of two ways after entering a host cell. They may either "usurp the cells' metabolic processes, redirecting them towards production (replication) of large numbers of new virus particles; or they may alter the cell's genetic information, to produce a new cell line with new functional and structural characteristics, free of the tissue's normal growth restricting control."[2] The end result is a cancer.

Research in the field of cancer has been predominately of the applied research type. The latest swell in cancer research has been toward finding a destructive agent for cancer even though the background of basic biologic data was not available to direct this search. In this manner, many anticancer drugs have been discovered which perform useful functions in cancer control and palliation today. Paraphrasing Dr. Sidney Farber, the chemotherapy of tomorrow, however, will be chemotherapy with intelligence when our knowledge of the basic mechanisms of cancer has reached the point where chemotherapeutic agents can be designed and produced.[3]

When a chemical carcinogen is involved in the causation of cancer, it may act by triggering the activation or formation of tumorigenic viruses. It may act as an immunosuppressive agent resulting in a reduction of host immunologic restraints on the multiplication of spontaneously arising cancer variants, or it may affect the hereditary or genetic apparatus of the cell so that it may acquire neoplastic characteristics, subsequently resulting in still more malignant descendants.[4] Thus, although viruses appear to be prominent in the causation of cancer, the therapy of cancer may be an anti-viral agent, a chemical agent against the malignant cells or it may be an immunologic agent to aid the body in destroying the virus or the virus-induced malignant cells. Our current modes of therapy, whether they be surgical, chemical or radiation therapy, are directed at destruction of the malignant tissue. Our efforts at prevention—removal of carcinogens—are meager. Only further research, directed along these multiple fronts of attack, can provide us with the answers to cancer prevention and control.

The American Cancer Society has helped the National Cancer Institute present facts to encourage Congress to support basic cancer research and to expand appropriations to plan and implement new research in centers throughout the country. We are now faced with a continuation of restrictions on federal support of research and, with inflation, a resultant decrease in funds available. Part of this is perhaps a result of the hasty cry to reduce greatly or stop research for the next five or ten years and to concentrate on the delivery of medical services. The only hope of rendering the finest of medical care to the people in this country and the world is through the efforts of research to eradicate or prevent the dread diseases and their costly consequences. We must advance on all fronts: delivery of medical services, comprehensive medical care, support of medical education and the discovery of the causes of these diseases. The American Cancer Society makes its contribution as the representative of the private sector to research, education and service programs. It must do everything possible to make up for federal deficiencies in times of confusion and as the leading private organization devoted to the solution of the problems of cancer, it must strive to maintain an increasing attack through research.—**Edwin E. Pontius, M.D., Indianapolis.**

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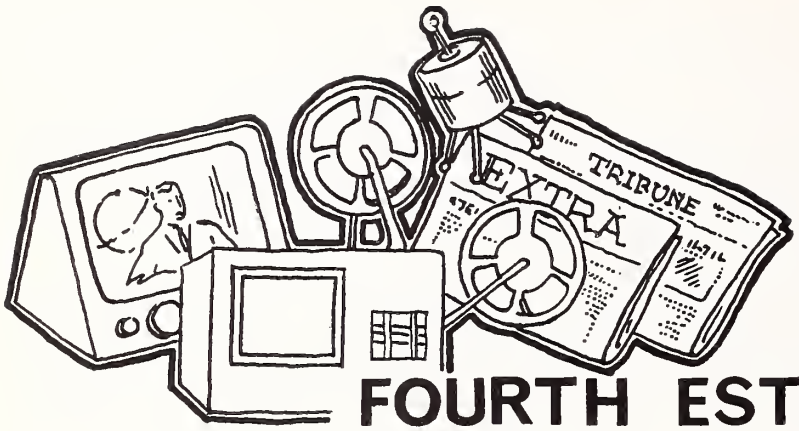

FOURTH ESTATE

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

Care For The Poor

Contrary to the activity of the local medical profession, the American Medical Association is planning important steps to provide better medical care for the poor.

The Floyd County OEO took the first steps in providing an attempt at an outpatient clinic but because no planning has been done by the local medical society, it is completely inadequate as a medical facility. But it is well appreciated and it IS operating.

New Albany-Floyd County Hospital treats all who make it to their doors, but our area is sadly lacking outpatient clinics for treatment of the poor.

Is such a program needed?

Let's look at what the *American Medical News*, organ of the AMA, said in the Dec. 22, 1969 edition.

"The American Medical Association's House of Delegates earlier this month took one of the most significant steps in the organization's history when it approved the report of the Board of Trustees Committee on Health Care of the Poor.

"The committee, formed last March, held five meetings and heard about 59 health professional and consumer consultants before submitting its report to the delegates at the AMA Clinical Convention in Denver.

"Members of the committee, in a background report also submitted to the delegates, outlined a series of suggestions submitted by these consultants. Among them:

*The need for preventive medicine for poor patients should be emphasized.

*Consumers should be on policy-making boards of health centers in sufficient numbers to have a real voice.

*Consumers should have a voice in the acceptance and use of health professions students in community health.

*A health center with one physician and adequate allied health staff can have a significant impact on health in a community that previously had no health care available.

*More health centers are needed, and they should have arrangements with hospitals to provide inpatient care.

"In its report, the committee emphasized that the one recommendation that has been most frequently made by the committee's professional and consumer consultants is that decisive action must be taken immediately. This sense of urgency has been most convincingly conveyed. The committee agrees that the AMA should be a stronger advocate for immediate action to improve health services for the poor."

One of the most effective ways American doctors can combat the rapid takeover of their profession by government socialism is to accept the responsibility of treating the poor in the most effective way possible.

This is just as true here in Floyd County as it is in any place in America.

Doctors, the challenge is there. Are you willing to take time to accept it? —*New Albany Tribune*, Dec. 30, 1969.

School "Belt Tightening"

There was more bitterness than sugar coating in the curbstone prescription for Gary schools provided by Dr. Otis Bowen here last Wednesday night. Still, it was realistic.

Oversimplified, what the doctor ordered was: "Belt tightening."

The doctor based his remedy more on what he knew than on what he might want. That does not mean he is against economy in school operation. His generally conservative leanings would put him on the side of any reasonable public savings possible. But in the current instance, the doctor was saying that despite what he—or Gary school administrators or patrons — might want, there just seems to be no other immediate answer.

The doctor is in a position to know whereof he speaks.

In addition to being a practicing Bremen, Ind., physician, Otis Bowen is speaker of the Indiana House of Representatives. That body is currently out of session. Should it go back into session, it will be with a pledge of the Republican majority, which Bowen heads, not to consider

such things as added state taxation for school aid.

That again may not be what the doctor wants. With his support, the House passed in its session last winter a tax package which would have given more money to schools. Gov. Edgar D. Whitcomb blocked it.

It is the governor who will have to call a special session if one is called. Knowing that, the Republican majority in recent caucus pledged to Whitcomb that if he called a special session for the primary purpose of legislative redistricting, the membership would avoid rocking the fiscal boat.

So whatever Bowen might think advisable insofar as school financing is concerned, he knows no more state money is likely to be forthcoming this biennium. Those even more directly concerned with school financing and school operation had better face up to the same reality.

We said at the time of the legislative showdown, that we thought schools were being shortchanged. We also agreed with Bowen's frequently expressed opinion that there should be state tax restructuring to take some of the school and other load off property taxpayers. But those things are going to have to wait.

That's why, from the standpoint of realism, it gets back to what the doctor ordered insofar as school finances are concerned:

"Belt tightening."—*Gary Post-Tribune,* Dec. 7, 1969.

Health Department Fees

Almost two decades ago Indiana wisely junked the fee system, hangover from horse-and-buggy government.

Yet vestiges of the practice persist today. The latest example involves the city-county health director, already one of the area's top-paid public officials who nonetheless manages to swell his $20,000 annual income by collecting fees paid to his department for birth and death certificates.

It is difficult to say how much this benefits Dr. Arnold Brockmole since he is required to keep no records and no public audit is made. He himself estimates the amount at "about $4500."

Dr. Brockmole is breaking no law by pocketing the money. In fact, an attorney general's opinion holds that the practice is entirely within bounds.

The trouble is, it's not good government. Public officials should be paid adequate, budgeted salaries without having to resort to side fees. All funds paid into public offices should be subject to the kind of auditing dictated by modern bookkeeping practices.

Indiana's legislators recognized this some years ago when they abolished fees for county officials. The health certificates apparently weren't included because health officers are not really required to charge a fee for them at all. In some counties, in fact, no charge is made.

This should be the case in Vanderburgh County.

The Health Board should promptly eliminate the fee system.—*Evansville Press,* Dec. 18, 1969.

New Crusade Against Misery

The Fort Wayne-Allen County Medical Society Sunday will undertake its broadest immunization program since the almost unbelievably successful campaign against infantile paralysis or "polio" of a decade ago. This time, the Society has its sights on the suppression, if not eradication, of three-day or German measles, more technically called "rubella."

After all of the publicity given the cause-effect relationship of rubella and birth defects in the last few years, it seems almost unnecessary to observe that the contraction of the disease by a pregnant woman can and frequently does result in severe physical defects and deformities of the child she carries. Cataracts of the eyes, heart defects, deafness, liver damage, bone malformations and mental retardation are possible consequences.

But that which may be less well known is the extent or frequency of such human tragedies. In an epidemic of rubella in 1964-65, it is estimated that 20,000-30,000 infants were born with severe defects, raising the catastrophe, for that one season, to a level approaching that of the terrible national traffic death toll. It might be added that in many cases, the implied tragedy to the lives of the tiny victims almost surpassed death, itself.

The doctors taking part hope the campaign will result in the immunization of 72,000 youngsters from the age of one to 12 years. The estimated cost of the plan is about $1.80 per child immunized, and parents are being asked to contribute $1 toward the cost of the vaccine for each child. To us, it seems an extraordinary bargain in insurance — $1 against the possible loss of tens and even hundreds of thousands of dollars in med-

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ical expenses and lost earning capacity.

Massive tests indicate that the vaccine used is safe, with unfavorable reactions limited to a few cases in which minor rashes or short-lived joint pains were experienced.

With such great prospects for the alleviation of human misery, we support the Medical Society in its effort and urge the parents of all children in the affected age group to participate in the program by taking their youngsters to the appropriate immunization stations.—*Fort Wayne News-Sentinel*, Jan. 29, 1970.

The Price Of LSD

An article in the current issue of *The Journal of the American Medical Association* should jolt LSD travelers back to reality, if nothing else will.

Three doctors, all of the Mount Sinai School of Medicine at the City College of New York, conclude that use of LSD by parents may be a cause of birth defects.

One case they cite is a shocking example of the high price LSD users may pay for a few thrills. Both parents had taken doses of LSD—the father four years before the child's birth, the mother nine months before conception. The doctors found both parents to have chromosome breaks, a condition traced by a number of medical authorities to use of LSD.

The couple's child was born with low-set ears, a broad nose with a prominent bridge, poorly formed wrists, a left hand with four fingers, a right hand with six fingers, and a number of internal defects. The infant died shortly after birth.

This story needs to be told and retold to young people who are the unsuspecting targets of drug traffic. They need to know that an LSD trip may cost them the ability to have normal children. — *Indianapolis News*, Feb. 11, 1970.

To Our Doctors

The *Times-Union* has received an alarming number of letters recently from frightened patients concerning the availability and quality of medical care in Kosciusko County.

The problem is inexorably intertwined with the complicated public versus private hospital feud of recent years. In fact some of it is the direct result of that fight.

However, solution of the hospital hassle is years away at best. The life and death needs of Kosciusko county patients is immediate and pressing.

We would like, for the moment, to disregard the hospital argument as futile and determine if something can be done about the medical service available to suffering people. This is a problem that cannot be solved by either a public or private hospital.

The quality of medical care is theoretically the responsibility of the Kosciusko County Medical Society. Or by virtue of circumstance more properly in the hands of the medical staff of Murphy Medical Center. The administrators of the hospital are merely hotel keepers. They cannot treat patients and they cannot produce doctors who will not come when called.

Medical staffs and medical societies are organized for only one purpose—to police themselves and to maintain the high degree of professional dedication to which they are sworn. Recognizing that doctors are human and that our doctors are tired, treating people is still their profession and their responsibility. In view of the rising tide of public alarm, *The Times-Union* would suggest that the medical staff of Murphy Medical Center lend its considerable talents to overcoming the jealousies, the apathy, the carelessness with which some members treat needs of patients.

Unquestionably workable schedules of being on call can be promulgated. With new people coming to the community daily, it is essential that doctors divide the responsibility of giving them medical attention — even when no emergency exists. When there is an emergency, inattention is inexcusable.

If individual physicians fail in their responsibility, this then becomes the clear duty of the medical staff — and if it fails — the county medical society — to discipline.

It has now become a legitimate public question, is the Medical Society a closed and protective club, or is it a professional group dedicated to maintaining high standards? We would suggest the members remove the beam from their eye before hunting the mote in others. As much as we sympathize with them, the time has come for the doctors to put their own house in order.

Will they close ranks against the public and defend an intolerable situation, or as men of good conscience which we believe them to be, will they offer a workable solution to a pressing public problem? — *Warsaw Times-Union*, Feb. 13, 1970.

Rising Medicare Costs

The medical profession is extremely sensitive to recurring allegations that it has abused Medicare by overcharging the government for services it renders to elderly patients under the plan.

The most damning charges of this nature yet made are contained in a comprehensive report just released by the Senate Finance Committee. On a nationwide basis, it appears that organized medicine will have difficulty refuting the well-documented assertions in it.

Medicare costs have been rising at a spectacular rate.

Monthly charges to Medicare subscribers have been increased twice to offset part of the rise. Even so, Medicare and Medicaid, the campanion program bringing subsidized medical care to the needy, are costing

taxpayers vastly more than anticipated.

The Senate's 322-page report shows some of the reasons why. It accuses federal Medicare administrators of squandering "hundreds of millions" of dollars by improper control of government payments to doctors. And it flatly accuses many doctors of abusing the system.

The report states that, despite the clear intent of Congress, Medicare permits physicians to charge more for the care of the aged than Medicare carriers such as Blue Cross pay to physicians and surgeons for their own subscribers.

As an example, the report shows that the Alabama Blue Shield allows a maximum surgical payment of $75 for a cataract operation, but $345 when the same operation is performed on Medicare patients.

The committee states, "We found large payments being made for what appear to be inordinate numbers of injections. In many cases, we found what is apparently over-visiting and gang-visiting of patients in hospitals and nursing homes."

One doctor it cited billed Medicare for 10,461 laboratory tests involving 208 patients, and 83,020 nursing home visits involving 104 patients. His total bills to Medicare were $117,824.50.

These are extreme examples, of course. A great many doctors handle their Medicare patients in an entirely ethical manner, and in fact make an extra effort to give them attention. Locally there never have been any startling disclosures of abuses.

Yet the pattern of misuse is general enough that organized medicine should, as the report suggested, take prompt action to police itself. Pretending that the problem doesn't exist, in the face of the evidence, only damages the profession's public image—and takes money out of the taxpayer's pocket.—*Bloomington Herald Telephone*, Feb. 14, 1970.

Questioning a Prescription

Dr. W. Walter Menninger, a famous fellow in the field of psychiatry, has prescribed an unusual medicine for an ailment he probably doesn't even understand.

Menninger is a member of the 13-man National Commission on Causes of Crime and Violence. He suggests that newspaper, radio and television reporters be licensed by a government agency that would weed out the inept.

The good doctor contends that reporters and commentators may lack understanding of issues like minority frustrations, and may not be accessible to the fellow on the street. He probably doesn't have time to read the papers or see and hear newscasts. Reporters have inquired into the whole gamut of problems. Like psychiatrists, they may not have found all the answers, but they admit it.

We don't doubt Menninger's sincerity in wanting perfection, but his suggestion is about as sensible as prescribing aspirin for homesickness.

The inept have a way of being erased in the news profession. Every reader, every listener, every viewer is a judge. Distortions, errors, mistakes don't go unnoticed for long. A newsman's work is displayed for public viewing.

The problem with Menninger's licensing recommendation is obvious. He fails to see that if a governmental authority made sure the "right" people got on a licensing board, they could also see that only the "right" ones were allowed to report and comment. As a result, the public would get only the "right" news. Simple, isn't it?

Fortunately, Menninger is the only psychiatrist on the national commission.—*Gary Post-Tribune*, Feb. 16, 1970. ◄

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Spontaneous Extravasation of Contrast Material During Excretory Urography*

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SPONTANEOUS extravasation of contrast material outside the renal pelvis is a rare finding during excretory urography. An incidence of 2.2% has been reported when abdominal compression has been employed.[1] However, the incidence is much less in cases without compression. Extravasation secondary to ureteral obstruction, most commonly due to calculus, has been reported often in the literature.

The first such report was made by Fuchs[2] and since then others have appeared sporadically. About 50 such cases have been reported in the English literature.[3-11] Schwartz et al.[12] reported the largest series of 16 cases of spontaneous extravasation in 256 excretory urograms over a period of ten years performed on patients with acute renal colic. Their criteria of "spontaneous" were absence of trauma, instrumentation, abdominal compression or destructive renal lesion. They also excluded cases where stones had actually eroded the pelvis. Braun reported four more cases in the same year.[13]

Case Reports

Case 1: A 69-year-old white male was admitted to the Urology Service of V.A. Hospital, Hines, Ill., on 2-21-65, with the presenting symptom of gross, total painless hematuria of recent onset. Intravenous urography performed on 2-24-65 revealed normal kidneys and ureters with possible filling defect in the bladder. Cystoscopy revealed a large necrotic mass in the trigonal area and the biopsy report was transitional cell carcinoma, Grade III. The tumor was resected transurethrally on 3-9-65. Three days after surgery, the patient complained of right flank pain.

An excretory urogram performed on 3-12-65 showed mild hydronephrosis on the right with extravasation of contrast material outside the pelvis (Figures 1 and 2). Since the ureteral orifice was clearly identified after resection of the tumor, the possibility of edema of the orifice causing obstruction was considered and the patient was treated conservatively. A repeat urogram performed ten days later (Figure 3) showed normal excretion on both sides without extravasation. The patient was discharged on 3-30-65, has since been followed in the outpatient clinic and has shown no further changes in the I.V.P. The tumor has not recurred.

Case 2: A 67-year-old white male was admitted on 12-1-64 with gross, painless hematuria. Intravenous urogram performed on 12-3-64 showed normal upper tracts and polypoid filling defect in the bladder. Cystoscopy done on 12-7-64 revealed a polypoid tumor close to the right ureteral orifice without obstructing it. The biopsy was reported as Grade II-III transitional cell carcinoma.

On 12-10-64, the tumor was resected transurethrally, carefully avoiding the right ureteral orifice. About ten days after surgery, the patient had right flank pain and excretory urography on 12-22-64 showed hydronephrosis on the right side with extravasation of contrast material,

* Paper presented before Chicago Urological Society meeting, March, 1967.

** From the Department of Urology, V.A. Hospital, Hines, Ill.

FIGURE 1

EXCRETORY urograms—5 minute film shows obliteration of the right psoas shadow and the extravasated contrast material along the psoas region (Case 1).

FIGURE 2

15-MINUTE film shows more dye in the right paravertebral area (Case 1).

FIGURE 3

FOLLOW-UP IVP shows no perirenal extravasation, an indistinct right psoas shadow and normal collecting system (Case 1).

medially, along the psoas border in 15 minutes (Figures 4 and 5). In this case, also, it was felt that there was a temporary ureteral obstruction due to edema and the patient was treated conservatively. On 12-29-64, the urogram showed persisting hydronephrosis on the right but no evidence of extravasation (Figure 6). The patient was discharged on 1-9-65 and followed in the outpatient clinic. A repeat I.V.P. on 1-4-65 showed no evidence of hydronephrosis and the right ureter was returning to normal. He has had no recurrence of bladder tumor to this date.

Case 3: A 60-year-old white male was admitted (in another hospital) with acute left flank pain, radiating to groin, of two days duration without urinary symptoms. Urinalysis showed microscopic hematuria and an I.V.P. on the day of admission (about two days after onset of pain) showed normal collecting systems bilaterally with perirenal extravasation of contrast material outside the left kidney (Figures 7 and 8).

A retrograde pyelogram on the left showed a filling defect in the left ureter and was interpreted as possible non-radiopaque calculus. No extravasation of contrast material recurred on retrograde pyelography (Figure 9). The patient was treated conser-

FIGURE 4

EXCRETORY urograms—5 minute film shows obliteration of the right psoas shadow and peripelvic extravasation of contrast material. Moderate hydronephrosis is evident (Case 2).

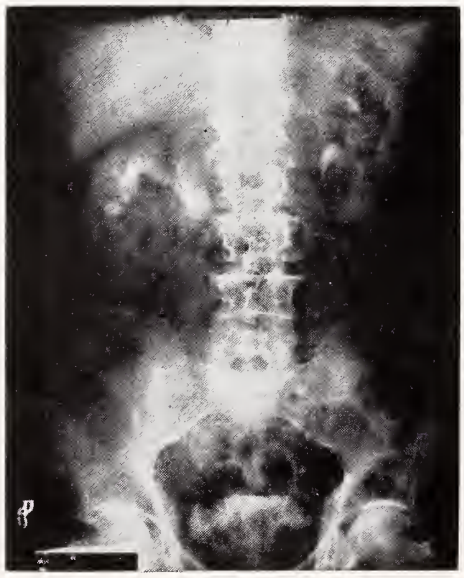

FIGURE 5

15-MINUTE film shows extensive extravasation of dye (Case 2).

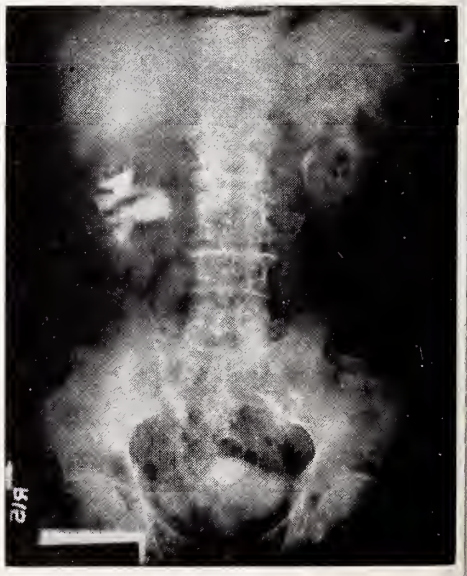

FIGURE 6

FOLLOW-UP IVP still shows hydronephosis but does not show any extravasation (Case 2).

FIGURE 7
EXCRETORY urogram—15-minute film shows contrast material below the pelvis. Left psoas shadow is partially obliterated and there is minimal dilatation of calyces and pelvis (Case 3).

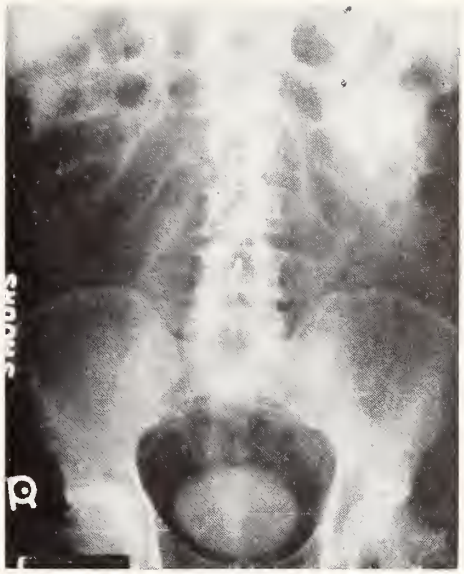

FIGURE 8
EVEN after three hours, the dye is seen both outside and inside the pelvis (Case 3).

FIGURE 9
BILATERAL retrograde pyelography—a filling defect is seen at the left ureteropelvic function—possibly a radiolucent calculus. There is no extravasation of contrast material below the pelvis as seen in IVP (Case 3).

vatively with sedatives and antispasmodics. He showed elevated serum/uric acid levels but no clinical evidence of gout and was discharged with advice to maintain a high intake of fluids and alkalis. Follow-up studies revealed a normal urinalysis and excretory urography. The patient is asymptomatic and has not passed a stone thus far.

Discussion

Spontaneous peripelvic extravasation of contrast material during excretory urography has been mistaken for actual rupture of the pelvis and vice versa. A clear distinction between forniceal rupture leading to peripelvic extravasation on the one hand and actual rupture of renal pelvis or ureter following obstruction on the other, appears to be important from the therapeutic point of view.[12] Whereas in the former group, the vast majority of cases will not require specific therapy, especially in the form of surgery, in the latter group, operation and drainage of the perinephric space is almost mandatory. The radiological points to differentiate the two would be (1) presence of contrast material around a calyx, indicating forniceal rupture and (2) demonstration of "pipe" ureter. Moreover, extravasation disappears in 24 to 48 hours as reexaminations show, whereas in actual rupture, the changes last longer. Clinically the second group of patients tend to be more ill with high temperature, loin pain and tenderness and leucocytosis.[11,12]

Etiology

Some form of ureteral obstruction leading to rise in intrapelvic pressure is a prelude to extravasation. Abdominal compression, when employed during the procedure can lead to this, as has been shown. In our hospital, no compression is employed and the cases reported had other etiologic factors. Ureteral calculus with obstruction seems to be the most common cause and I.V.P. done within two days of an acute ureteral colic seemed to show best the extravasation.[4,5,7,12-14] The other causes reported are ureteral ligation during hysterectomy[5-7], ureteral edema (present authors), extrinsic pressure by pregnancy,[19] vesicoureteral reflux secondary to bladder neck obstruction and pregnancy.

Two theories have been proposed as to the route of extravasation: (1) Some consider this as an extreme form of pyelolymphatic backflow leading on to distention of perineal lymphatics and rupture;[4,5,8,] (2) Hinman[7] and others believe that it is a form of pyelosinous backflow as a result of rupture of a fornix. The extravasating medium dissects between the pelvis and renal sinus and escapes into the perirenal area. Hinman has considerable clinical and experimental evidence to support his theory. The large amount of fluid collected around the pelvi-ureteric regions in those cases who have been explored, and the presence of orally administered Pyridium in it, suggest a forniceal rupture rather than lymphatic backflow. He also made studies on autopsy material with India ink and showed the spread of dye along the wall of the pelvis permeating the connective tissue separating the calyx from renal parenchyma and finally distributed around the papilla. This view is supported by Schwartz et al., Braun, Harrow and Politano.[12-14,17]

Radiologic Findings in Extravasation

Obliteration of psoas shadow on the affected side is a frequent finding. The extravasation itself can be mild,

casting a "horn-like" shadow around a calyx, or may show in the peripelvic region. Rarely subcapsular extravasation may be seen; retroperitoneal extension alongside the ureter can occur. The extravasation itself has been demonstrated from a few hours of pain to 48-72 hours and usually lasts about two days. The findings may be repeated on a retrograde pyelography done soon after I.V.P.

Perinephric abscess,[14] pararenal pseudocyst,[15] urine granulomas,[16] peripelvic and periureteral fibrosis[17,18] have been mentioned as complications of spontaneous extravasation of urine and contrast material.

Treatment

Treatment is essentially conservative in simple spontaneous extravasations. Surgical intervention may be carried out for complications listed above and to relieve continued ureteral obstruction like impacted calculus, ligated ureter during pelvic surgery, etc. While earlier reports indicated a trend toward surgical management, this entity has now been well enough recognized to adopt conservative methods.

Summary and Conclusion

Benign spontaneous peripelvic extravasation of contrast material during excretory urography is encountered infrequently. Most cases are due to obstruction of the ureter by a stone; three cases have been reported here, two due to ureteral edema following surgery, and one as a result of calculus. The treatment is essentially conservative and complications are few.

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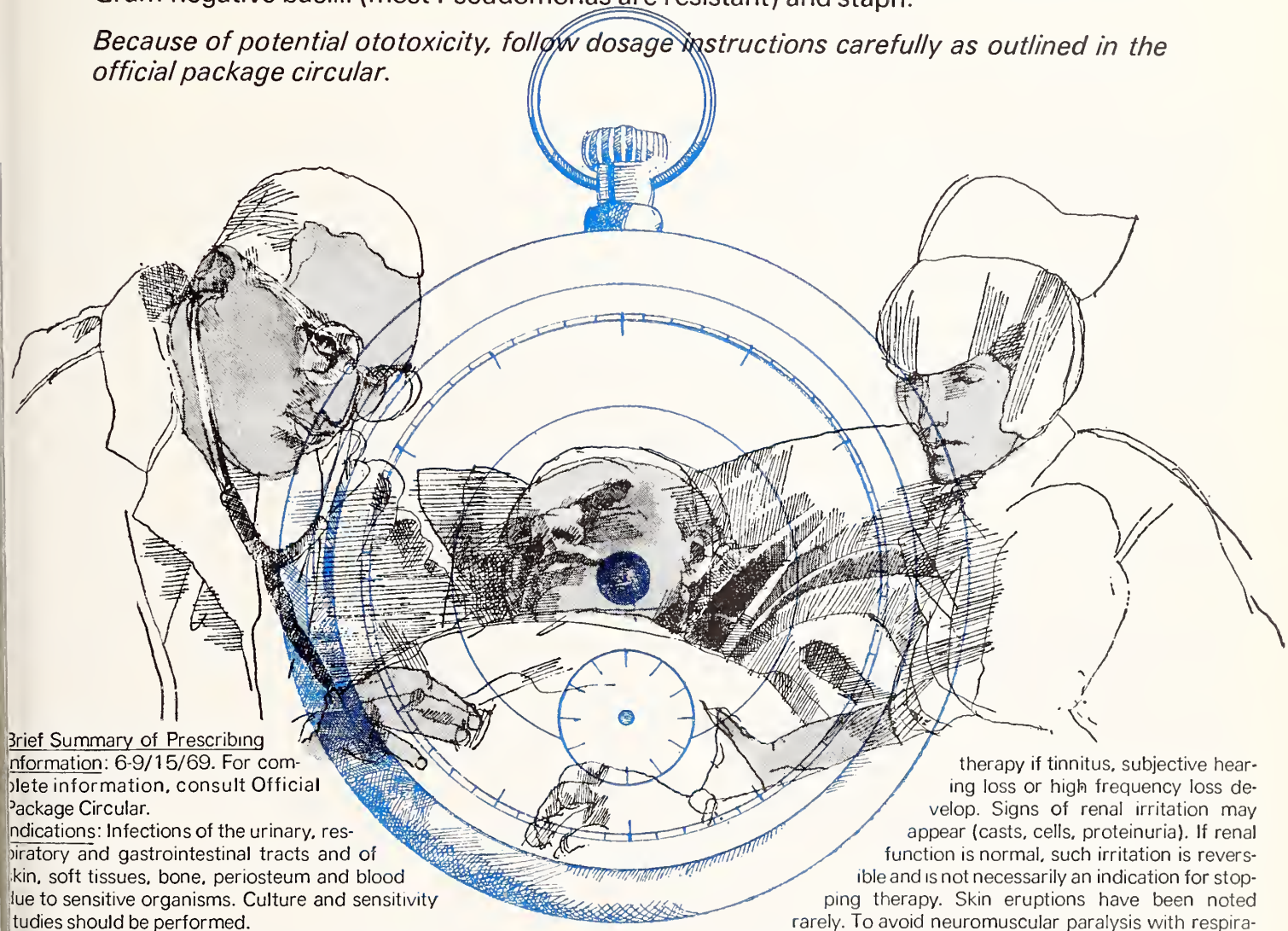

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A Survey of Smoking Behavior and Attitudes of Indiana Physicians*

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KATHRYN N. DeWITT, M.A.***
Indianapolis

THE public naturally looks to the physician for leadership and guidance in all matters concerning health. A survey conducted a few years ago for the American Cancer Society indicated that four out of five persons who had never had a physical examination for cancer would have such examinations regularly if their family physician so advised.[1] The physician can also exert influence on the health related behavior of his patients through his own behavior.[2] To the public mind, one of the most convincing testimonies to the relationship between cigarette smoking and chest diseases is the substantial percentage of the nation's physicians who have stopped smoking cigarettes.[3]

The American Cancer Society's Indiana Division is, not surprisingly, interested in determining the extent of smoking behavior by Indiana's physicians, and some of their attitudes toward cigarette smoking by their patients. Accordingly, in April of 1969, the Division's Public Information Committee sent a double post card to all members of the Indiana State Medical Association. On the return half, the physician was asked to state anonymously whether he smoked, whether his smoking represented a reduction, the time that the reduction occurred, and to respond true or false to four statements concerning cigarette smoking and patients. The physician was also asked to indicate his specialty. A follow-up mailing was made in June.

Of 3,865 physicians contacted, 2,760 or 71.4% responded. This is a substantial return for a mail poll, especially when the respondents are busy professionals who are commonly deluged by trivial mail. Nevertheless, the possibility of sampling bias must be considered when nearly three out of every ten members of the sample do not respond. In view of the evident purpose of the survey, it appears logical that physicians who smoke cigarettes are less likely to have responded than those who do not smoke. Unfortunately, there is no objective method for testing this conjecture or for estimating the extent to which the discrepancy may have affected the outcome of the survey. We simply assume that our sample somewhat underestimates the number of cigarette smoking physicians in the state, and overestimates anti-cigarette smoking attitudes among them. The actual degree of bias does not invalidate the findings.

Specialty Groups

The relationship, if any, between responses to the survey and medical specialty is of great interest and appears to be potentially meaningful. Ninety-six percent of the responding physicians indicated a specialty. Of these, 58% claimed recognized specialties, 40% were in general practice, and two percent listed unrecognized specialties. The basic findings of the survey, except for date of reduction of cigarette smoking, are shown in Table 1 in the form of a breakdown by specialties. The data in each cell are the percentages of physicians responding "true" to each of two statements concerning their own smoking behavior, three statements dealing with their attitudes toward cigarette smoking by patients, and the percentage filling in any number except zero in the blank in the statement "I smoke . . . cigarettes per day."

The data of Table 1 show that less than 17% of the responding physicians are still smoking. Even if *all* of the physicians who did not respond to the survey are regarded as cigarette smokers (an unquestionable exaggeration) the total of the smoking group among Indiana's physicians is only 40.8%. This still compares favorably with the national average of 60% for all adult males.

For 62.4% of the nonsmoking physicians, their current status represents a reduction in cigarette consumption. This means that approximately 1,700 physicians in Indiana have completely given up cigarette

* Analysis of the data was carried out by the Indiana University Research Computation Center supported by U.S. Public Health Service grant FR-00162.

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PERCENT RESPONDING TRUE BY SPECIALTIES

	No. Responding	General Practice	Anesthesiology	Dermatology	Ob-Gyn	Orthopedics	Pathology	Pediatrics	Ophthalmology	Radiology	Urology	Surgery	Pulmonary	Medicine	Otolaryngology	Psychiatry	Preventive Medicine	Other	TOTAL % Of Those Responding	TOTAL % Of Total Sample	TOTAL Smokers	TOTAL Nonsmokers
		1100	95	34	113	41	65	103	84	103	32	298	31	281	91	91	13	63	2760			
1. I smoke ..... cigarettes per day.*	2750	17.8	15.8	29.4	17.7	9.8	15.6	13.7	13.1	10.8	12.5	19.5	9.7	12.8	11.2	24.2	38.5	9.5	16.8	16.8		
2. This represents a reduction in my cigarette smoking.*	1799	51.1	64.7	60.0	59.2	57.1	58.3	58.6	72.2	58.7	76.5	59.1	66.7	61.9	66.0	56.1	37.5	48.8	56.4	36.8	37.5*	62.4
3. Every physician should set a good example for his patients by not smoking cigarettes himself.	2545	89.3	92.2	83.9	84.2	87.5	86.9	92.1	92.3	91.7	76.9	85.6	89.3	93.1	89.6	83.1	81.8	86.4	88.8	81.9	67.5*	93.2
4. I am careful never to smoke cigarettes when dealing with patients.*	1805	79.9	86.2	80.0	83.1	77.8	86.0	92.5	89.8	94.1	70.6	81.4	86.4	87.4	88.9	60.9	70.0	83.7	82.0	53.7	47.8*	93.7
5. It is the physician's responsibility to influence patients with cardiopulmonary diseases to quit smoking.	2580	98.8	97.8	96.9	99.1	97.4	96.7	97.8	98.7	97.9	100.0	97.5	100.0	99.2	100.0	94.2	100.0	100.0	98.4	92.0	94.7*	99.2
6. It is the physician's responsibility to influence all of his patients to quit smoking cigarettes.*	2532	81.1	84.4	79.4	74.3	73.7	82.5	90.4	88.2	85.7	59.3	78.8	83.9	87.0	84.6	66.7	66.7	78.9	81.2	74.5	57.7*	86.1

* Statistically significant differences among specialties. All differences between smokers and nonsmokers are significant.

N.B. Surgery includes all subspecialties except orthopedic and thoracic surgery. Pulmonary specialists include thoracic surgeons and respondents claiming "pulmonary disease" or "chest disease" as a specialty. Psychiatry includes nine neuralogists. Allergists and cardiologists are included in the medicine specialty.

TABLE 1

smoking. Even among those who still continue to smoke, 37.5% have reduced their consumption. The average current consumption among smoking physicians is 22.4 cigarettes per day.

Among the specialty groups, those physicians who deal with pulmonary conditions, radiologists, and orthopedic surgeons, have the lowest percentage of smokers. The highest percentages of smokers are found among specialists in psychiatry and neurology, dermatology, and preventive medicine. The reasons for some of these differences seem fairly obvious. The pulmonary physicians and the radiologists are those who are most closely connected with the chest diseases which are a consequence of cigarette smoking. The psychiatrists deal least with physical medicine.

The psychiatrist-neurologist group is distinctly different from all other specialty groups, and exerts considerable influence on the data analyses of Table 1. Thus, differences in number of smokers among the specialty groups will not be statistically significant if the psychiatry group is removed from the analysis. The same consideration applies to responses to the statement "I am careful never to smoke cigarettes when dealing with patients." The percentage of psychiatrists responding "false" to this statement is 10-30% more than the other specialty groups. Again, there seems to be a very obvious explanation.

There are no differences among specialty groups with respect to their attitude toward the physician's responsibility to influence patients with cardiopulmonary diseases to stop smoking cigarettes. However, there are marked and statistically significant differences of opinion about influencing *all* patients to quit smoking. Pediatricians, ophthalmologists and internists have the greatest percentages of agreement while urologists, otolaryngologists and psychiatrists have the lowest degree of agreement.

The Exemplar

There are no statistically significant differences among specialty groups with respect to the *attitude* that the physician should be an exemplar by not smoking himself. However, there are significant differences in the percentages of physicians who report that they do not smoke cigarettes when they practice. The pediatricians again are the least likely to smoke followed closely by the ophthalmologists and the otolaryngologists. Physicians in psychiatry and preventive medicine, those specialties which have the highest percentage of smokers, are most likely to smoke when dealing with patients.

Differences across specialty groups between those physicians who smoke and do not smoke are shown in the two columns at the extreme right of Table 1. All differences are statistically significant. A greater proportion of the nonsmoking physicians believe that a physician should be an exemplar for his patients, and that it is the physician's responsibility to influence patients with cardiopulmonary diseases and all patients to stop smoking cigarettes.

Nine hundred and seventy-four, or 54.1% of the 1,799 physicians who have reduced their smoking, responded to the section requesting a date of reduction. The results by specialties are shown in Table 2.

It is notable that more than half of those physicians who reduced their cigarette smoking did so *prior* to the publication of the Surgeon General's report in December of 1964.[4] Evidently, Indiana's physicians were well aware of the connection between cigarette smoking and chest diseases before it was made official by a formal government document. It is interesting that less than six percent date

DATE OF REDUCTION OF CIGARETTE SMOKING BY SPECIALTIES (PERCENT)

	Number	General Practice	Anesthesiology	Dermatology	Ob-Gyn	Orthopedics	Pathology	Pediatrics	Ophthalmology	Radiology	Urology	Surgery	Pulmonary	Medicine	Otolaryngology	Psychiatry	Preventive Medicine	Other	Total
Prior to December, 1964	521	51.9	54.5	40.0	51.1	37.5	64.3	51.2	42.1	67.6	61.5	52.3	71.4	56.5	64.7	51.4	33.3	52.4	53.5
Around December, 1964	57	5.8	0.0	13.3	6.7	6.3	3.6	9.8	2.6	8.1	7.7	9.2	0.0	5.2	8.8	2.7	0.0	0.0	5.9
In 1965-66	120	8.8	34.1	20.0	20.0	25.0	7.1	12.2	21.1	13.5	7.7	7.3	7.1	13.9	5.9	13.5	0.0	19.0	12.3
In 1967-68	192	22.0	11.4	13.3	17.8	31.3	17.9	22.0	21.1	8.1	15.4	22.0	14.3	15.7	17.6	24.3	33.3	23.8	19.7
In 1969	84	11.5	0.0	13.3	4.4	0.0	7.1	4.9	13.2	2.7	7.7	9.2	7.1	8.7	2.9	8.1	33.3	4.8	8.6

TABLE 2

their reduction in smoking to the time of the publication of the report, and only 12.3% in the immediately subsequent years. In the last two years, more than 28% reduced cigarette smoking. These upsurges may be the result of the 1967 and 1969 U.S. Public Health Service publications on the health consequences of smoking.[5,6]

Differences among specialty groups on the date of reduction of smoking are not statistically significant though it might be noted that pulmonary physicians and radiologists had the highest percentages of those who reduced their smoking prior to December, 1964.

In summary, it appears that Indiana's physicians are following the national trend toward reduced cigarette consumption in the medical profession. They are thus helping to create a public climate which may some day render cigarette smoking as outmoded as tobacco chewing.

Acknowledgement

We wish to thank Allan Erickson, former program director of the American Cancer Society, Indiana Division, for his administrative assistance in carrying out the survey.

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From *The Journal* 50 Years Ago

The great improvement in the mortality statistics of prostatectomy in recent years is due to several causes. As the operation becomes more widely known and more popular, patients seek relief at an earlier period while their condition is good and with much greater prospects of success.

While many patients seek operation early, there still remains a class who come to operation only as a last resort and it is these cases which require most careful management for successful outcome. Prolonged palliative treatment, careful study of the bodily functions to determine fitness for operation, the selection of a plan of operative procedure best adapted to individual cases and calculated to reduce risk to a minimum, judicious choice of anesthetic, careful postoperative management and good nursing, constitute the principal features most likely to result successfully.

Preparatory treatment consisting of systematic catheterization, continuous drainage by anchored catheter, or by preliminary cystotomy, free drinking, water proctoclysis and administration of urinary antiseptics is common practice.

Deliberation in preparatory treatment gives time for study of the patient's general condition, renal function, etc. Phthalein elimination, blood urea and blood creatinin tests have added much to our means of determining fitness for operation, and together with general observation of the patient's condition as to pulse and temperature, condition of lungs and vascular system, bowel elimination, volume of urine and its character as determined by chemical and microscopic analysis, afford fairly definite indication as to the choice of operative procedure . . . . W. N. Wishard, M.D., H. G. Hamer, M.D., Indianapolis, "Resume of Past Two Years' Prostatic Work," *JISMA*, April, 1920.

The "lap strap," when properly used, protects against deceleration forces many times greater than can be tolerated without restraint. However, bodily injury may occur at the upper limit of survivable forces, even with restraint. Early recognition is important.

Seat Belt Injuries

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USE of the lap seat belt has reduced significantly the mortality rate in cases of automobile accidents.[2,6] However, during the past few years a pattern of intraperitoneal trauma has been reported in a relatively small number of patients who have been injured while wearing seat belts.[3,7] The purpose of this paper is to present eight patients who incurred this injury and were treated at the Indiana University Medical Center.

Clinical Material

Eight such patients were admitted to the hospital from April, 1965 to April, 1969. (The clinical findings and courses are summarized in Table I.) Five were females and three were males, ranging in age from 20 to 72 years. Seven of the eight had a band of contused skin extending across the abdomen from one iliac crest to the other which corresponded to the position of the lap seat belt (Figure 1). Five were in critical shock while one had a rapid pulse of 120 per minute with normal blood pressure. Resuscitative measures were carried out at local medical facilities. Shortly after admission to our institution, additional infusions of intravenous fluid were administered. An average number of six pints of blood was given to those with clinical evidence of hypovolemia. One patient did not require any transfusion, while one received 20 pints of blood and six received between one and seven units.

All patients had localized or generalized abdominal tenderness and diminished peristaltic sounds. Because of these findings, exploratory laparotomy was performed in all eight patients. In one with diaphragmatic rupture, a right thoracotomy incision was made after the intraperitoneal injuries were treated. The intraperitoneal trauma consisted of small intestinal perforation associated with a bleeding lacerated mesentery in seven patients and rupture of the mesentery alone in one. Additional injuries consisted of splenic rupture in two, perforation of the right hemidiaphragm in one, and thrombosis of the right common iliac artery in one.

Facial and scalp injuries were frequently present. Fracture of the mandible or facial bones was observed in five. Fracture of the upper extremity occurred in four.

The operative procedures consisted of primary closure of localized perforations of intestine and resection of segments of small bowel which were irreparably damaged. Avulsion of the intestine from its mesenteric blood supply with devascularization of the segment had occurred in these latter instances. Hemostasis of bleeding mesenteric arteries and veins was achieved, and the mesentery reconstructed. Isolated serosal tears of small and large intestine were closed, and splenectomy performed for splenic rupture. Primary repair of the diaphragm was achieved in the case of diaphragmatic perforation.

Seven of eight patients survived. The only death occurred in a 72-year-old female with rupture of the spleen, four perforations of the small bowel and mesentery, and thrombosis of the right common iliac artery. There was hemorrhagic necrosis of the abdominal wall due to its severe compression at the time of accident. Splenectomy, intestinal resection, and iliac thromboendarterectomy were carried out, but the patient died of irreversible shock within 24 hours.

Discussion

The eight patients in this report with lap seat belt injuries represent a small fraction of the total number of automobile accident victims who have been treated at the Indiana University Medical Center. The relative rarity of this lesion has also been reported by other authors.[2,3,5] The purpose of this paper, therefore, is not to detract from the great benefit

FIGURE 1
A photograph of a patient with mid-abdominal contusion conforming to the shape and position of a lap seat belt. There was perforation of small intestine and mesentery.

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SUMMARY OF CLINICAL FINDINGS AND COURSES

Patient	Symptoms and Physical Findings	Abdominal Pathology	Associated Injuries	Course
1. 20-year-old male	ecchymotic band of abdomen; direct and rebound tenderness	laceration small bowel mesentery; hemoperitoneum (1L).	fracture mandible and right humerus	Discharged on day 8
2. 48-year-old male	ecchymotic band of abdomen; shock; generalized abdominal tenderness	perforations (4) of jejunum and ileum and mesentery; ruptured spleen	laceration scalp	Discharged on day 12
3. 39-year-old female	ecchymotic band of abdomen; shock; tenderness right lower quadrant	perforations of small intestine (2) and mesentery	a) fracture nose and facial lacerations b) fracture left humerus	Discharged on day 17
4. 72-year-old female	ecchymotic band of abdomen; shock generalized; abdominal tenderness; ischemia right lower extremity	perforations of small bowel and mesentery (4); ruptured spleen; thrombosed R. common iliac artery	None	Died irreversible shock first postoperative day
5. 50-year-old female	ecchymotic band of abdomen; right lower quadrant tenderness and mass	perforation small bowel mesentery; mesentery with necrosis 13 cms. ileum	fracture mandible; fracture left fifth finger	Discharged on day 9
6. 32-year-old male	tachycardia 120; generalized abdominal tenderness	perforation small bowel mesentery; hemoperitoneum 700 cc.	facial lacerations	Discharged on day 15
7. 64-year-old female	ecchymotic band of abdomen; shock generalized; abdominal tenderness	perforations (2) small intestine and mesentery; laceration right diaphragm	a) fracture facial bones b) Colles' fracture	Discharged on day 20
8. 50-year-old female	ecchymotic band over iliac crests; shock; tenderness in both lower quadrants	perforation of jejunum	a) fracture mandible b) contusion right lung c) cerebral concussion	Discharged on day 9

TABLE I

which has been derived from the use of automobile seat belts in recent years. Instead, its aim is to emphasize the importance of early recognition and treatment of patients with this syndrome.

The mechanism of lap seat belt injury in the majority of our patients was felt to be due to acute flexion of the abdomen with entrapment of the small intestine between seat belt and spinal column. This caused perforation of the bowel and mesentery. During sudden deceleration, the seat belt acted as a fulcrum resulting in rapid forward motion of the upper portion of the body against the dashboard. This would explain the high incidence of facial injury and upper extremity fracture in this group of patients. From a theoretical viewpoint, it is possible that a shoulder harness and lap seat belt in combination may prevent this type of movement.

Diagnosis of seat belt trauma to the abdomen may be difficult because of multiple associated injuries which are often present in these patients. A history of having worn a lap seat belt and the presence of a transverse mid-abdominal contusion conforming to the shape and position of the belt should make the examining physician suspect this syndrome. Indeed, seven of our eight patients demonstrated this physical finding. One did not, yet at the time of laparotomy, he was found to have hemoperitoneum and perforation of the intestinal mesentery. Therefore, the absence of this sign does not rule out intraperitoneal trauma. On the other hand, a number of patients with abdominal wall contusion associated with the wearing of seat belts has been reported without intra-abdominal injury.[3,7] We have recently had the opportunity to treat one such patient. The need for laparotomy will depend ultimately upon the abdominal physical findings. In all our patients, the presence of abdominal tenderness and hypoactive peristaltic sounds indicated the necessity for surgical intervention. Abdominal paracentesis may be helpful in confirming the suspicion of intraperitoneal bleeding, but a negative tap does not rule it out.[7] This procedure was not felt to be necessary in any of our patients and was not performed.

The optimal surgical procedure for intraperitoneal trauma associated with seat belt injury will depend upon the findings at laparotomy. In the present series, hemostasis was achieved by ligating bleeding arteries and veins in the small intestinal mesentery and by performing splenectomy for splenic rupture in two. Repair or resection of small bowel perforations was carried out in seven of the eight patients. In several, localized tears of the serosa of the large intestine were closed by simple suture. Because an occasional patient may have rupture of a segment of the large intestine due to seat belt injury,[1] thorough exploration of the colon should be carried out. More rarely, the duodenum and pancreas have been reported to be injured.[3,4] None of our patients had either colonic or pancreaticoduodenal injury.

While intraperitoneal trauma related to seat belt injury may become less frequent as this type of safety device is replaced by a combination of lap seat belt and shoulder harness, it is unlikely that lap seat belt injury will disappear completely in the near future. It is important, therefore, that the physician be aware of this unusual kind of blunt trauma to the abdomen associated with the wearing of a seat belt. It is recommended that immediate measures to replace the blood volume deficit be initiated and that early surgery be performed for the intraperitoneal injuries.

Summary

1. Eight patients are presented with severe intraperitoneal injury associated with the wearing of a lap seat belt.
2. Shock was present in the majority of patients and was related to profuse bleeding from torn mesenteric vessels and in two patients from associated splenic rupture. Perforation of the small intestine and/or its mesentery occurred in all patients and diaphragmatic perforation in one.
3. A contusion of the mid or lower abdomen which conforms to the shape of the seat belt is helpful in suspecting intra-abdominal injury, but the absence of this physical finding does not rule out intraperitoneal trauma.
4. Rapid replacement of blood volume in those patients in shock, and early laparotomy is recommended.
5. Seven of our eight patients survived seat belt injury.

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Diagnosis and Treatment of Bacteroides and Peptostreptococcal Infections

JACKSON G. CROWDER, M.D.
*Indianapolis**

OF organisms requiring anaerobic conditions for growth, clostridia have received the most attention in the past. In more recent years, other anaerobes, predominantly bacteroides and anaerobic streptococci (peptostreptococci), have been isolated with increased frequency in infections. Although some of this increase has been due to better recognition, there has probably been an actual increase in incidence.[1]

Bacteroides are gram-negative rods which are part of the indigenous flora of the mouth, vagina, and feces. In the feces they are present in greater numbers than *E. coli*. Several species can infect man. Peptostreptococci are found in similar sites.

Factors which lower oxidation-reduction potential in tissues create conditions favorable for growth of these organisms. Among these factors are tissue necrosis, ischemia, presence of foreign bodies, and concomitant infection with aerobic organisms. Bacteroides and peptostreptococci are frequently isolated together or in combination with aerobic organisms in clinical material.

The presence of pus with a foul or fecal odor should cause one to suspect infection due to these organisms. Pus with a fecal odor is not characteristic of *E. coli* infections as is commonly believed. The presence of organisms on gram stain of exudates and negative aerobic cultures is also suggestive of anaerobic infection. The type and location of certain infections should also suggest an anaerobic infection.

Cause of Infection

Bacteroides and peptostreptococci may be found in cases of chronic otitis media and mastoiditis, producing a putrid ear drainage. They may also be found in cases of chronic sinusitis and various dental infections. In approximately a third of cases of bacteroides bacteremia, the tonsils were the portal of entry.[2]

These organisms are the most common organisms isolated from brain abscesses, particularly otogenic brain abscesses.[3]

They also cause lung abscess and may be suspected as etiology by the putrid odor of the sputum. They reach the lung by aspiration and most frequently involve the posterior segment of the right upper lobe and the apical segments of both lower lobes. They also cause pneumonitis without abscess formation, and they cause 9-17% of cases of empyema.

With the large numbers of bacteroides and peptostreptococci in feces, it is not surprising that they are isolated from the inflamed appendix, appendiceal abscesses, subphrenic abscesses, and peritonitis after intestinal perforation. They may also cause liver abscesses and are particularly likely to cause solitary liver abscesses. Since gas formation is characteristic of these organisms, an intra-abdominal abscess with air-fluid level suggests these organisms as etiology.

Peptostreptococci are the most common cause of puerperal sepsis. Peptostreptococci or bacteroides gain access to the uterus after delivery, abortion, or operation. They may cause endometritis, and, with further spread, pelvic peritonitis, abscess, or thrombophlebitis with bacteremia and metastatic abscesses in other organs. In a study of patients with septic abortion, there were 59 isolates of bacteria from blood. Forty-seven were anaerobic or microaerophilic, while only 12 were aerobic.[4]

Bacteroides and peptostreptococci may cause wound infections and may infect sebaceous and pilonidal cysts. Peptostreptococcal myositis can mimic clostridial myositis.

Invasion of regional veins is characteristic of infection by the organisms, resulting in thrombophlebitis. Bacteremia due to these organisms is therefore frequently accompanied by septic emboli to the lungs and other organs such as liver, joints, and kidneys. Although bacteroides endocarditis is unusual, microaerophilic and anaerobic streptococci cause about 15% of cases of endocarditis.

When anaerobic infection is suspected, blood or other material for culture should be incubated in media containing reducing agents, of which thioglycollate is most commonly used, or preferably, incubated in an anaerobic jar. Material for culture should be carried directly to the laboratory since exposure to oxygen in room air for sustained periods may kill the organisms. Bacteroides occasionally take up to two weeks to grow on culture media, so the laboratory should be requested to hold the cultures at least two weeks before reporting them as negative.

The combination of surgery and antibiotic therapy is necessary for control of most bacteroides and peptostreptococcal infections. Abscesses

*From the Department of Medicine, Indiana University Medical Center, 1100 W. Michigan St., Indianapolis 46202.

should be drained and necrotic tissue debrided. Brain abscesses frequently require excision. Ligation of infected veins may be necessary to stop embolization. Lung abscesses usually resolve with antibiotics alone, since drainage occurs through the bronchi.

The antibiotic of choice for peptostreptococcal infection is penicillin. In mild infections, intramuscular procaine penicillin, 2.4 million units daily in divided doses is sufficient. In severe infections of any type, brain abscess, or endocarditis, 20 million units or more daily given intravenously is necessary.

Although bacteroides found in the mouth are usually sensitive to penicillin, those found in feces are usually penicillin resistant. Both are tetracycline sensitive. Therefore, 2 to 3 grams of tetracycline daily constitutes the treatment of choice for bacteroides infection. If tetracycline cannot be given, as in renal failure, chloramphenicol is effective. Since bacteroides and peptostreptococci are commonly found together, the combination of penicillin and tetracycline is frequently used. The administration of penicillin and streptomycin for postoperative infections does not provide adequate treatment for bacteroides infection, since the organisms are usually resistant to streptomycin.

Hydrogen peroxide is useful in anaerobic wound infections since tissue catalases release oxygen which is inimical to these organisms.

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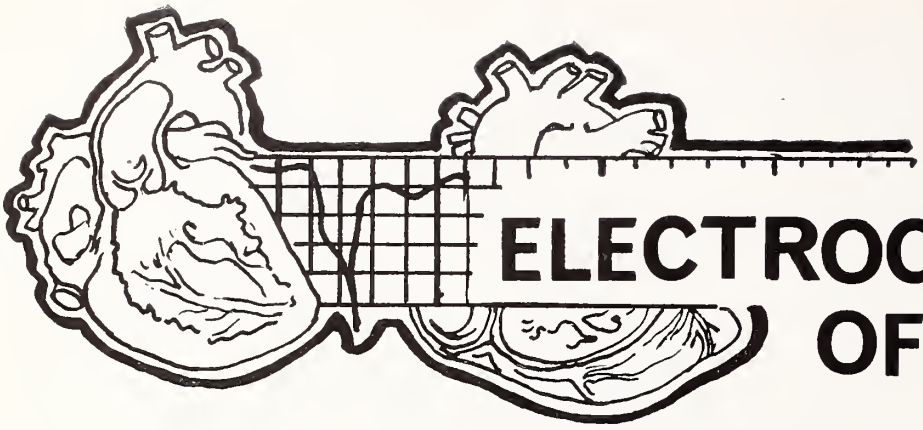

ELECTROCARDIOGRAM OF THE MONTH

Myocardial Infarction: Accelerated Junctional Rhythm

CHARLES FISCH, M.D.
*Indianapolis**

IN an earlier communication to this *Journal*, attention was drawn into a not infrequent complication of inferior (posterior) myocardial infarction which is confused with complete heart block, namely nonparoxysmal junctional tachycardia. In this setting, as a rule, it is a benign arrhythmia and does not require therapy.

The accompanying figure was recorded in a patient with an acute myocardial infarction. The second, third and fourth QRS complexes are conducted with a prolonged P-R interval. The remaining QRS complexes show a lack of fixed relationship with the P waves. The latter "marches" through the QRS and is obviously not responsible for the QRS. A state of A-V dissociation exists. The fifth, sixth and the last three QRS complexes in the second row are conducted. The fact that these appear somewhat earlier than one would expect from the established junctional R-R interval (0.90 sec.) indicates that they are conducted from above. The ventricular rate during dissociation is about 70 and this differentiates it from a conventional complete heart block which frequently has a rate of 30 and nearly always below 40. ◄

* From the Krannert Institute of Cardiology, Marion County General Hospital and the Department of Medicine, Indiana University School of Medicine, Indianapolis 46202.

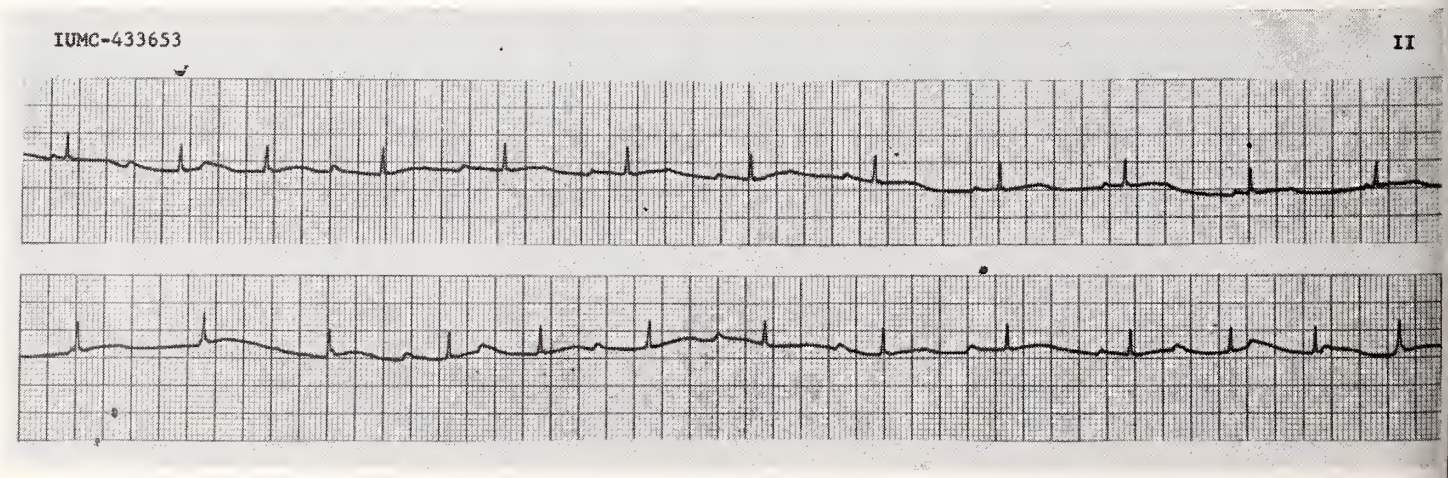

FIGURE 1
NONPAROXYSMAL junctional tachycardia complicating inferior myocardial infarction (for details, see text).

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Periurethral Abscess

ERICH K. LANG, M.D.
*Shreveport, La.**

THIS 61-year-old colored male was referred for assessment and treatment of multiple draining sinuses in the perineum and posterior scrotum.

For several years the patient had been treated for strictures of the membranous portion of the urethra by dilatation. Within the two and one-half months prior to admission, the patient noted a progressively enlarging mass in the perineum which finally necessitated and formed several draining sinus tracts. The uriary stream decreased to a mere trickle. Intermittently, the patient also observed drainage of urine through these fistular tracts during voiding attempts.

Physical examination at the time of admission revealed massive induration along the membranous portion of the urethra. A mass appeared to be associated with the bulbous urethra. Purulent material could be expressed from the sinus tracts by massaging the bulbous urethra. Both the indurated membranous portion of the urethra and the mass in the region of the bulbous urethra appeared to be indolent. Voiding was markedly hesitant, however, at the time of examination there was no evidence of urine drainage through the fistulous tract.

Urethroscopy was attempted, however only the pendulous urethra could be examined with any degree of confidence. Multiple false tracts were suspected to arise from the membranous portion of the urethra.

A retrograde urethrogram was then performed for further assessment (Figure 1). The first segment of the membranous urethra was

FIGURE 1
A retrograde urethrogram demonstrates multiple false passages communicating to an abscess cavity and a fistulous tract which apparently ends in the perineum. Communication to the prostatic urethra either by false passage or a strictured and irregular membranous urethra is suggested.

* Professor and Chairman, Department of Radiology, Louisiana State University School of Medicine in Shreveport, Shreveport, La.

grossly irregular and appeared to end in a huge abscess cavity with multiple false tracts. An irregular tract arose from this abscess cavity and communicated to the prostatic urethra, thus establishing continuity of the excretory system. It could not be determined which of the tracts was the true membranous urethra and which tracts might have been false passages.

The patient was treated by suprapubic cystostomy, drainage of the abscess and intermittent indwelling catheter. A severe stricture of the membranous urethra resulted which was corrected by urethroplasty.

Discussion

Retrograde urethrography is a useful modality for assessment of the male and female urethra. Urethroscopy frequently fails to identify the presence of false passages or even false passages ending in abscess cavities. Retrograde urethrography utilizing water soluble contrast media will readily demonstrate these false passages and any associated abscess cavities. Early diagnosis of this disease is imperative to institute optimal treatment and prevent the dreaded complication of severe stenosis of the membranous portion of the urethra which frequently necessitates a posterior urethroplasty. ◄

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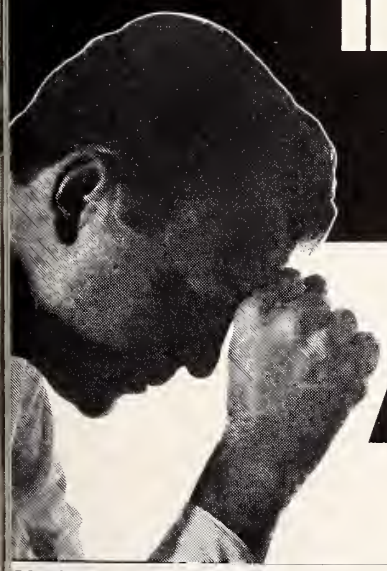
Fertility and Sterility, January 1970
Official Journal of the American Fertility Society



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* * *

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ESB Incorporated (formerly the Electric Storage Battery Company) has a new heart pacer that may be recharged wirelessly without removal from the patient. It includes a nickel-cadmium battery, an induction coil and related microelectronic circuitry, all encapsulated in a special clear epoxy plastic which is inert in its relation to living tissue. Recharging requires eight hours every 30 days. The recharger may be worn in the vest, in which case it runs on its own rechargable battery, or it may be plugged into the wall socket.

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When physicians needed to relax the restless duodenum for the recently refined technic of hypotonic duodenography they logically turned to Pro-Banthine.

For years Pro-Banthine has been the most widely used anticholinergic medication for calming the gastrointestinal tract—for suppressing secretion, prolonging the action of antacids and providing the proper environment for healing peptic ulcers.

These established therapeutic actions make Pro-Banthine particularly useful in:

- peptic ulcer
- gastritis
- diverticulitis
- irritable colon
- biliary dyskinesia
- functional hypermotility

We wish to thank Drs. Marcia K. Bilbao, Louis H. Frische, Josef Rösch and Charles T. Dotter for this exceptionally graphic example of hypotonic duodenography.

Contraindications: Glaucoma, severe cardiac disease.

Precautions: Since varying degrees of urinary hesitancy may occur in elderly men with prostatic hypertrophy, this should be watched for in such patients until they have gained some experience with the drug. Although never reported, theoretically a curare-like action may occur with possible loss of voluntary muscle control. Such patients should receive prompt and continuing artificial respiration until the drug effect has been exhausted.

Side Effects: The more common side effects, in order of incidence, are xerostomia, mydriasis, hesitancy of urination and gastric fullness.

Dosage: The maximal dosage tolerated without excessive side effects is usually the most effective. For most adult patients this will be four to six 15-mg. tablets daily in divided doses. In severe conditions as many as two 15-mg. tablets four to six times daily may be required. Pro-Banthine (brand of propantheline bromide) is supplied as tablets of 15 mg., as prolonged-acting tablets of 30 mg. and, for parenteral use, as serum-type vials of 30 mg. The parenteral dose should be adjusted to the patient's requirement and may be up to 30 mg. or more every six hours, intramuscularly or intravenously.

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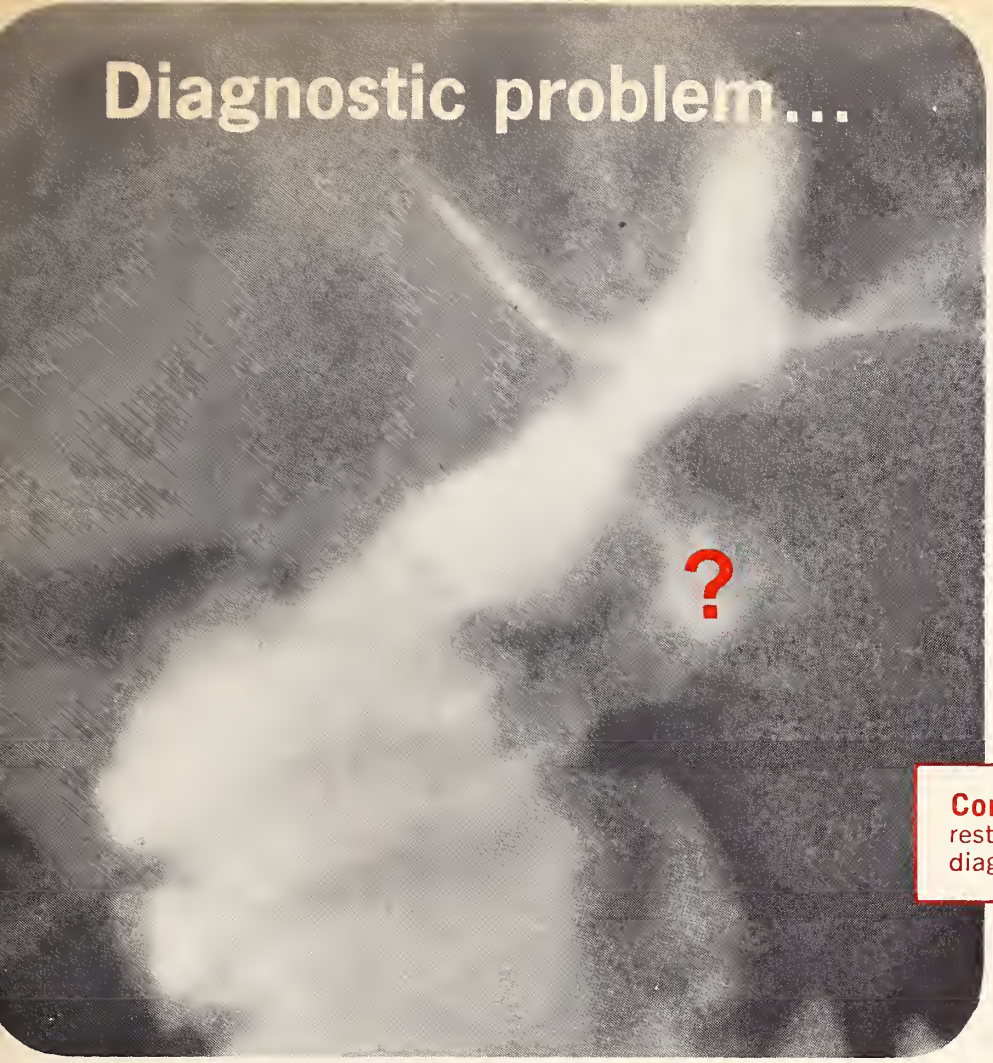
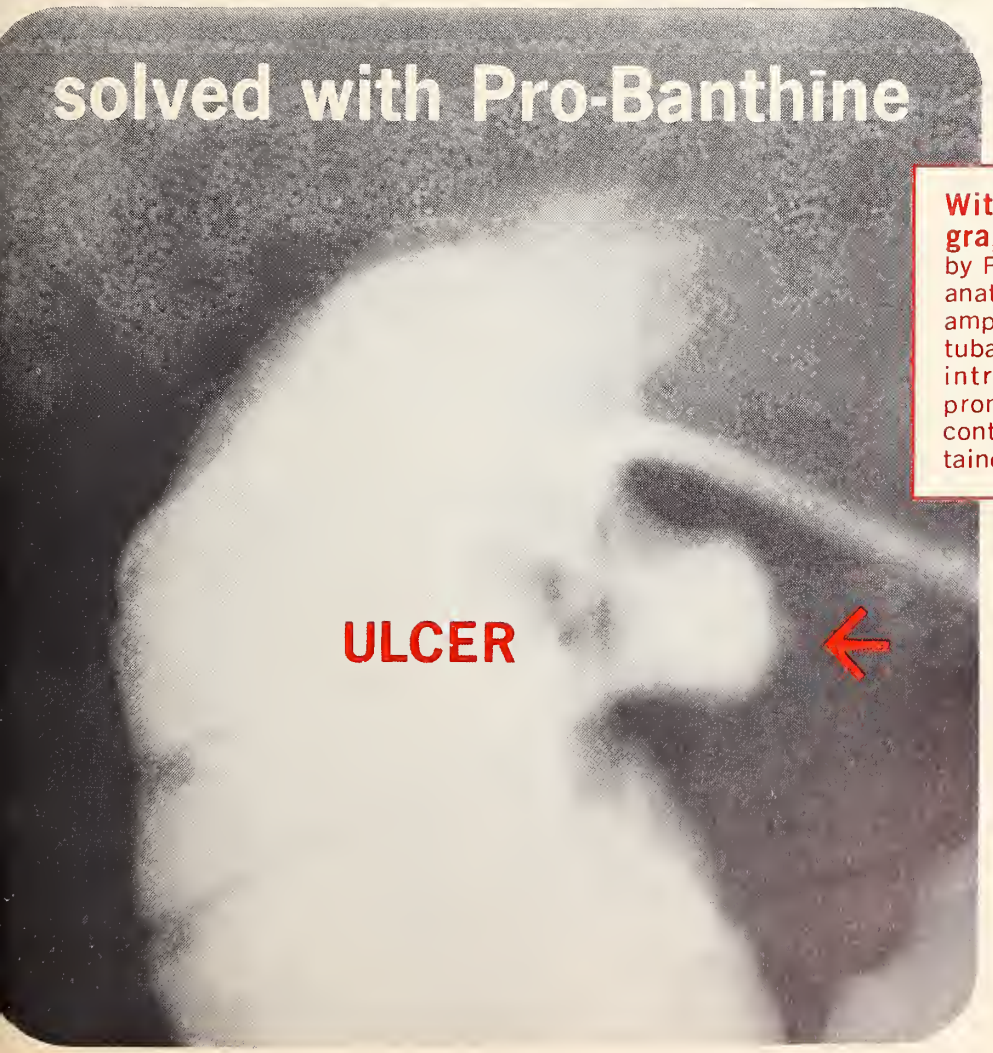
SEARLE *Research in the Service of Medicine*

Diagnostic problem...



Conventional x-rays of the restless duodenum are often diagnostically indefinite.

solved with Pro-Banthine



With hypotonic duodenography duodenal calm induced by Pro-Banthine permits clear anatomic appraisal. In this example the duodenum was intubated. Pro-Banthine, 60 mg. intramuscularly, produced prompt aperistalsis. Double contrast visualization was obtained with barium and air.

Nose clear as a whistle

(THANKS TO DIMETAPP®)

Dimetapp Extentabs® does an outstanding job of helping to clear up the stuffiness, drip and congestion of colds and upper respiratory allergies and infections. Each Extentab keeps working up to 12 hours. And for most patients drowsiness or overstimulation is unlikely. Try Dimetapp. It clearly works.

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Indications: Dimetapp is indicated for symptomatic relief of the allergic manifestations of respiratory illnesses, such as the common cold and bronchial asthma, seasonal allergies, sinusitis, rhinitis, conjunctivitis, and otitis.
Contraindications: Hypersensitivity to antihistamines. Not recommended for use during pregnancy.
Precautions: Until patient's response has been determined, he should be cautioned against engaging in operations requiring alertness. Administer with care to patients with cardiac or peripheral vascular diseases or hypertension.
Side Effects: Hypersensitivity reactions including skin rashes, urticaria, hypotension and thrombocytopenia, have been reported on rare occasions. Drowsiness, lassitude, nausea, giddiness, dryness of the mouth, mydriasis, increased irritability or excitement may be encountered.
Dosage: 1 Extentab morning and evening.
Supplied: Bottles of 100 and 500.

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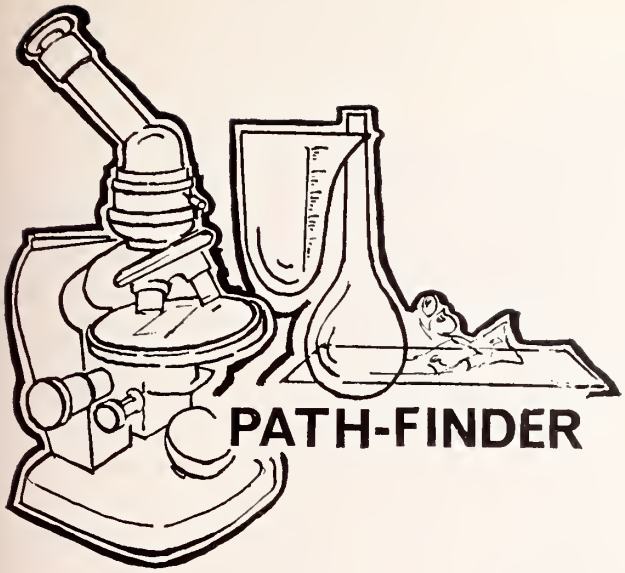

This series is intended to emphasize the importance of judicious selection and proper interpretation of newer laboratory procedures as applied to differential diagnosis of various diseases. It is edited by Leon L. Blum, M.D., Terre Haute.

Packed Red Cells

ARTHUR C. JAY, M.D.
*Muncie**

THE increasing need for blood, coupled with the fact that it is becoming more difficult to obtain, demands that today's medical practitioner utilize blood in the most efficient and economical way possible.

The empirical use of whole blood transfusions is wasteful and fraught with many undesirable side effects. Some of these are leukocyte antibodies, platelet antibodies, and possible anaphylactoid reactions to immunoglobulin A, Betalipoprotein, or other plasma proteins. Circulatory overloading due to the plasma of whole blood, and excessive infusion of potassium, citrate, ammonia and sodium are other dangers, as is the risk of serum hepatitis.

Blood transfusion has one ultimate purpose, and this is to increase the oxygen-carrying capacity of the circulation. As only red cells perform this function, the most logical form of transfusion therapy is with packed red cells. It is estimated that from 30%-80% of all transfusions should be in this form. The other components derived from preparing packed red cells can therefore be used for two or three other patients. The only indications for whole blood should be acute severe hemorrhage, burns, shock, or needs for increased plasma volume as well as red cells. Chronic anemias, hemolytic anemia, pediatric patients, surgical patients, cancer patients, cirrhotics, and cardiac patients should all be treated with packed red cells.

An excellent outline of the reasons for use of packed red cells is noted in "Blood Component Therapy" published by the American Association of Blood Banks. These are as follows:

"1). Packed red blood cells minimize the possibility of circulatory overloading and cardiovascular failure.

"2). Packed red blood cells minimize transfusion reactions from plasma factors including immune globulin and allergens.

"3). Packed red blood cells have:
- a). Reduced sodium, an aid in cardiac conditions;
- b). Reduced acid and potassium, an aid in uremia;
- c). Reduced ammonia and citrate, an aid in hepatic dysfunction.

"4). Transfusion reactions from donor antibodies are diminished when using packed red blood cells.

"5). Crossmatched red blood cells of group O donors can be used with relative safety for recipients of all groups if group specific blood is not available.

"6). The use of packed red blood cells allows each blood donation to serve more than one patient. Such component therapy is essential for the most effective use of the nation's blood resources."

The reasons are clear, and they represent the consensus on the use of packed red cell transfusions. Thus, packed red cells become the only logical component of choice for the efficient and adequate treatment of anemias in good medical practice today. ◄

* Ball Memorial Hospital, Muncie.

The Journal
of the INDIANA STATE MEDICAL ASSOCIATION

Devoted to the interests of the medical profession of Indiana

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The Transplant Donor Program

A Transplant Donor Program is now established in Indiana. The Indiana State Association of Life Underwriters, through its individual and association members, is conducting a vigorous campaign to encourage the donation of organs in such a manner as to make such organs available and usable while in the fresh and viable state.

Each prospective donor will be asked to sign and carry a donor card in purse or billfold. The prior establishment of the donor's consent eliminates the necessity of seeking the permission of the next of kin.

The names of persons willing to be donors will be filed with the Indiana University Medical Center and with the Veterans Administration. Patients requiring and eligible for transplants would also be registered with the transplantation committee. In the event of the sudden demise of a donor, information would be relayed to the central committee and to all hospitals prepared for transplant operations.

There are 27 life underwriter associations in Indiana. The Indianapolis Association of Life Underwriters has 750 members. The movement is national in scope and is loosely monitored by the Transplant Donor Foundation of McLean, Virginia. The donor card is of a design which is uniform for the United States.

The permission granted by the card is universal in nature and applies to any transplantable organs or tissues. However, since the problems of immune rejection are more nearly resolved than they are in any other transplant field with so many candidates, the transplantable kidney is the favorite at the present time.

Later as heart transplants become more feasible, the headline in *The Indianapolis News* article by its Business Editor, Robert Corya, will express the keynote of the campaign "Don't Leave Heart in San Francisco—Try I.U.."

If you have a known donor as a patient and he is in a terminal condition, call **(317) 635-7401, extension 66.** This is a phone at the Veterans Administration Hospital which is manned day and night. They will give you immediate instructions on how to proceed. It is imperative that this number be called *before* death—or if not possible, within seconds after death. Speed in removing the transplantable organs is vital.

Probably everyone, at some time, has longed for immortality. What better way to accomplish this goal, at least partially, than to join the donor club. Those who die may pass the priceless gift of longer life to others.

Roscoe Lloyd Sensenich

HISTORICAL notes of St. Joseph County and of Indiana will always include tribute to Doctor Roscoe L. Sensenich. His busy professional life included services to all levels and several specialties of medicine. Military service, intense personal interest in legislative trends, and a host of other community services characterized his busy life.

Dr. Sensenich graduated from Rush Medical College in 1905 and after several years of special study began the practice of internal medicine in South Bend. His special interest in pulmonary tuberculosis prompted the award of the Auerback Award by the Indiana Tuberculosis Association of which he was past-president.

He was also past-president of the St. Joseph County Medical Society, the Indiana State Medical Association and the American Medical Association, in addition to serving as a delegate to the World Medical Association.

Dr. Sensenich was a Diplomate of the American Board of Internal Medicine, a Fellow of the American College of Physicians, and a member

of the Central Society for Clinical Research, the Chicago Society of Internal Medicine and of the Institute of Medicine of Chicago.

In South Bend Dr. Sensenich served as president of the board of St. Joseph County Tuberculosis Hospital and of the South Bend Medical Foundation, a prime interest of his fellow townsman Dr. Jerry Giordano. His life of dedication to the high ideals of medicine, to the advancement of community goals, and to the administrative councils of organized medicine serves as a monument to his memory and a challenge to those who follow him.

Alfred Sabato ("Jerry") Giordano

THE delightful "Aesculapius Comes to the St. Joseph Valley" appearing in this issue by Doctor David Bickel of South Bend* is a wonderful addition to the medical history of Indiana. It also serves to remind us of some of the highlights of the way in which Indiana physicians have added to the national and international medical scene. Among the greatest of these was Doctor A. S. Giordano, affectionately called "Jerry" by his legion of friends.

When the pioneer radiologist Doctor Stanley Clark and his friend Doctor Charles Daugherty stood on the steps of the old Epworth Hospital that morning in 1912 and decided that South Bend should have a medical laboratory, little did they realize the way in which their decision would affect medicine in general and pathology in particular. And when in 1922 Doctor Clark persuaded Jerry Giordano to come from the Mayo Clinic to South Bend as the director of the little basement laboratory at the Epworth Hospital, there came to South Bend one of the great pioneers in clinical pathology.

The same year that Jerry came to South Bend the American Society of Clinical Pathologists was organized, and subsequently Jerry, as its secretary from 1930 to his retirement in 1948, was a major force in the development of the society's leadership in many of the major advances in clinical pathology. The highlights of his leadership in his chosen field were wonderfully described in the eulogy that was read at the 37th annual meeting of the American Society of Clinical Pathologists the year of Jerry's death:—

EULOGY TO DR. ALFRED S. GIORDANO
1893-1958

(This eulogy was read (by Dr. Harry P. Smith) during the Business Meeting at the Thirty-Seventh Annual Meeting of the American Society of Clinical Pathologists, Chicago, Illinois, November 1 to 8, 1958.)

Tonight, after nearly a week of almost feverish activity given over to educational, scientific, economic, and social matters, we pause briefly to pay tribute to one who is no longer with us, but whose spirit undoubtedly abides with us here at this very moment. On viewing this large audience of men and women, dedicated to the pursuit of truth and service to our sick fellow human beings through the application of the scientific method in our laboratories of this country, those of us who are old enough, both in age and membership in this Society, find little difficulty in calling to mind the name and memory of the man to whom we would pay tribute.

As the years have gone by and as this Society has grown rapidly with them, to each of us the name and memory recall different mental images. Common to them all, however, is the picture of a man, who, if he did show a minor physical disability, had no such handicap in the workings of his mind. Indeed, we all recall with a warm feeling of respect and affection the strength, the speed, and the directness of his mental processes.

To those of us who knew him well, our first recollection is that of his driving force, directed solely toward one goal, namely the improvement of the lot of the pathologist in this country. In those days when the specialty was still in its swaddling clothes and when the pathologist had a small store of knowledge to work by and still less of prestige in the medical family, at considerable personal sacrifice he devoted his dynamic energy toward improving them both. Along with but a small band of men with similar intent, he succeeded by means of precept and example in opening the "flood gates" of scientific knowledge (which until then had been confined for the most part within the reservoirs of the universities) to inundate the hospital laboratories of this country with the spirit of research and technical precision that has since paid off handsomely in new technical methods and better diagnostic service to the patient.

Those of us who have witnessed this evolution of laboratory diagnosis recall distinctly his own personal contributions in such fields as serology, colorimetry, blood banking, and the diagnosis and prevention of brucellosis, to mention only the most outstanding ones. We also remember his ability in the pioneer days of laboratory organization and administration, which began at home in his native South Bend, Indiana, but did not end there, as is evidenced by his outstanding success at the national level, where for 17 years he served as Secretary to this Society at a time when it was beset by many problems that needed clear thinking and courage, and above all sound leadership for their solution.

As a devoted student of medicine all of his life, he early recognized the importance of continuing education in the postgraduate years: he was a leading spirit in the establishment of what was then a unique educational exercise, namely, the slide seminar, which has been one of the most potent influences in the

* Associate Editor, *JISMA*.

country, contributing toward accurate and more uniform histopathologic diagnosis.

Another outstanding educational contribution was the part he played in the organization of the American Board of Pathology, on which he served with distinction. The majority of us can recall, too, the contribution that he made of his time, experience, and effort during the period of gestation of the College of American Pathologists and immediately following its birth, and the prophetic vision he seemed to have had in certain matters when viewed in the light of past events in that organization.

Suffice it to say then that the present strength of our organization stands as the best proof of his wide abilities, only a few of which we can relate tonight, and for this, all of us here will mouth a prayer of sincere gratitude that his wisdom piloted us through dangerous waters into the open sea, leaving us with the vista of still further horizons to attain.

You have come to the end of your day's work, Jerrie, and like the good pathologist that you were, your 'scope has been put away and your light no longer burns, not for just another day but, alas, forever. And, as you turn your key in the lock for the last time and leave for your everlasting Home, we can all hear you say:

"I want men to remember,
When gray Death sets me free,
I was a man who had many friends
And many friends had me."

John Bennett, "I Want an Epitaph"

Theodore J. Curphey, M.D.
Los Angeles, California

We all owe Doctor Bickel a debt of gratitude for giving us a glimpse into the past, and for recalling for us so fittingly some of the ways in which the influence of our pioneers and medical leaders has spread from what may have seemed like small beginnings, to affect medicine far and wide.—**Lall G. Montgomery, M.D., Muncie.**

Guest Editorials

The Cyclamate Cycle

A flurry of comment followed the removal of cyclamates from general use. It seems that they cause bladder and liver tumors in laboratory animals.

It is notewothy to me that some physicians seem not to support that decision. This is unwise because of the threatening problem of pollution of man's environment. There is evidence to point to those interesting additives, brighteners, whiteners, yellowers and so on as potentially risky agents.

Perhaps this idea is not sufficiently publicized although a recent edition of *Life Magazine* explores the problem.

Let us, as physicians, learn of modern ecology. Industrial management is wedded to the principle of profit and curing industrial contamination is expensive. If we don't take the side of conservation, then who will do so? I know a city in our state where a pall hangs continuously over it. Why? Industry in this city is both the major polluter and largest employer.

No one knows better than the physician the dangers to health of contamination of air, water, food and environment. This, with overpopulation, may be man's greatest future hazard. No one holds the ancient trust to cure this peril as do the heirs of Hippocrates.—**Rodney A. Mannion, M.D., LaPorte.**

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1. Hueper, H. C.: *Occupational and Environmental Cancers of the Urinary System*, Yale University Press, New Haven & London, 1969.
2. *Life Magazine*, Vol. 67, No. 22:41-44, Nov. 28, 1969.

Seal of Approval

THE medical profession primarily and the health insurance industry were roasted by an article, "*Why You Really Can't Get Good Medical Care*" in the February issue of *Good Housekeeping*. I know a Texas millionaire who is always saying "if only half of what I tell you is true it is still a good deal." If only half of what this article infers is accurate the magazine will be read on Mars before medicos and health insurers win the Good Housekeeping Seal of Approval which now appears to be the Consumers Guarantee. But then that is given only to advertisers and a quick perusal found no insurance advertising in this issue.

The article states that "America is on the brink of a medical disaster: because . . . doctors simply are not delivering top quality service; . . . most health insurance coverage while skyrocketing in price is grossly inadequate; health priorities have become dangerously distorted; hospitals are more concerned with status than . . . patients;" and "some people are not being reached by the medical network and others are being exploited by it."

Although the doctors and hospitals can answer for themselves I would like to relate my personal experience as a patient in Highland Park (Ill.) Hospital in August and again in September in 1969. I found that my private room in the older wing compared favorably to my private room in the new wing where with a flick of a finger I could talk to the nurse, turn the bed into a chaise lounge, change the TV channels (and . . . O'boy . . . cut off the sound during commercials,) be seen by my doctors every day (though I enjoyed the two daily baths and rubdowns by the nurses more) and where I looked forward to the daily visits of the dietician who helped me select my three meals from a menu which read like Holiday Inns except that the hospital placed a decanter of good wine on my dinner tray.

I guess I was lucky not to be in one of "the 198 hospitals in New York City" where "nearly one-half received hospital care that fell below optimum medical standards" or "in certain hospitals" where "nearly 60% of the patients got care that

was poor to middling" and where there were "repeated cases in which tests were never ordered or were misinterpreted; inappropriate drugs were prescribed;" . . . "fractures improperly set and surgery was performed carelessly and incorrectly."

I guess I was lucky that delicate surgery in and about my eye was handled carefully and correctly.

I guess I was lucky that it was 1969 and not 1980 when the article quotes a prediction that "a patient's hospital costs could hit $500 a day by 1980" and I guess I was lucky not to be taken to the hospital in New York which the article states "already is charging $210 daily."

I urge all who would write objectively about medical care in America to go to Highland Park Hospital and find no "leaks in the roof"; even in the older wing. In this room which cost me $53.00 a day they will see a patient has to reach only 12 inches to control the marvelous electronic devices described above. I urge them not to miss the new wing where they will find remote control devices placed in the patient's hand, eliminating the 12-inch reach. The cost of the room with this and other improvements was $54.50 per day. With the emergency room, operating room, recovery room, drugs, special dressings and numerous x-rays my average hospital cost per day was actually $84.15 including phone calls. Had I not persuaded the doctors to let me recuperate at home the average hospital cost per day would have gone down with each passing day.

"Insurers," the article charges "are guilty of promoting poor quality care in another way, too," by "refusing often, to include out of hospital costs" in their policies. Further the article charges ". . . lacking insurance benefits, many patients skip . . . (annual physical) exams." I guess I was lucky my policies did pay 80% of my "out of hospital costs" and I wonder why the article didn't describe major medical coverage which has been available for two decades. As for the annual physical I surely don't want to have the insurance company pay for it because my premium would have to be increased by the amount they expect to send the doctor *plus* the cost of handling the claim check. Very poor economics indeed. And this is true of all other routine medical expenses from aspirin to polio shots.

And speaking of the cost of health insurance premiums, I became confused when the article stated: "as medical costs spiral upward, insurance premiums also climb, but there is little broadening of benefits . . . and more middle income families are finding it impossible to pay the bills." Three paragraphs later the article states: "if you're unluckly enough to be considered a high health risk, you may not even be able to buy any kind of coverage." The reason says the article: "this cruel state of affairs stems from fierce competition which too often takes the form of vying for lower premiums even at the cost of eliminating the very people who most need protection." Other questions aside, it has to be the trick of the century for insurers to allow insurance premiums to "climb" to keep middle income families from buying while at one and the same time, as the article alleges, "vying for lower premiums even at the cost of eliminating the very people who most need protection."

There are problems with our medical care system and regardless of what happens there will always be some. Thousands of people are working on them. Some will be solved, some will evaporate and some will be insoluble. But the overall situation will continue to get better and better. It does little good to write about a leaky roof in a hospital. Why not fix it instead. One leaky roof, one unheated ward and one $210 a day hospital room . . . does not a lousy system make.—**John B. O'Day, CLU, President - Managing Director,** *Insurance Economics Surveys*, **Vol. 26, No. 8, Feb., 1970. Reprinted with permission.**

Reform in Health Care

SOMETIME within the next few years, Congress will have to set up a comprehensive national health program for the U. S. Experts on medical care differ violently on many things, but they agree almost to a man that the nation cannot struggle along indefinitely without a complete overhaul of its present patchwork system.

As things stand now, the federal government underwrites medical care for the aged and gives some assistance to state programs for the indigent. The rest of the population is either covered by private insurance or not covered at all. Some 61-million Americans under the age of 65 have no insurance covering in-hospital medical expenses, and 102-million have no coverage for office visits to doctors.

The infusion of federal money has not been enough to provide first-class medical care for all citizens, but it has been enough to give a violent inflationary kick to the whole structure of medical costs. The U.S. now spends more than $60.3-billion a year for health services. This is a higher proportion of gross national product (6.7%) than any other country puts into health care, but the results do not show it. Judged by such key indexes as average length of life and infant mortality, the U.S. lags well behind Western Europe, Canada, Australia and Japan.

To upgrade its standards of health care as well as to get full value for the money it is spending, the U.S. obviously must overhaul its system. On the financial side, it needs an adequate system of insurance covering the great majority of the population against medical expenses. With this should go some system of keeping doctors' fees within reasonable limits and incentives for efficient hospital management.

There is no hope of transferring

bodily to the U.S. the system worked out in some other country. Any workable program must be home grown and developed on the foundations of the present system. This means it must be worked out in a cooperative effort by the U.S. medical profession, the insurance carriers, and the government.

The question no longer is whether the U.S. is to have a national health program. It is whether we shall have a good one or a bad one. The chances of getting a good one will be far better if everyone involved accepts that fact.—*Business Week*, Jan. 17, 1970.

Editorial Notes . . .

The Commonwealth Fund, founded in 1918 by Mrs. Stephen V. Harkness, has concentrated its attention and resources primarily in the areas of medical education and health affairs. Appropriations for 1968 were in excess of $5.6 million. The fifty-year appropriations add up to $156 million. In recent years the "Fund has sought to assist in the: (1) establishment of new university medical schools; (2) expansion of enrollments and improvement of the quality of education in existing medical schools; (3) efforts of medical faculties to develop new categories of allied health manpower needed to work with physicians in the care of patients; and (4) involvement of the modern university's full spectrum of academic competencies in meeting the problems of providing health care in this country."

Auto bumpers at one time protruded far enough from the auto body to actually provide protection. Today bumpers are little more than part of the decoration. Menasco Manufacturing Company of Burbank makes a bumper which, on test, has lessened the repair bill by $700 on a 15 mph collision. The four supports which connect the bumper to the frame consist of cylinders containing plungers and a solid-state silicone compound. The compound is compressible and acts like a liquid under heavy stress. On impact, the plungers push into the compound with two effects: part of the compound is forced through holes in a "damping head," and the remainder reacts like a spring to return the plunger and bumper to original position. Temperature changes do not affect the function; leakage problems have not occurred; no maintenance is required. The bumper will last as long as the car. Price is around $100 for front and rear, but the device is more suitable for new cars, since the framework on most used cars must be reinforced.

Syntex is investigating clinically a low-dosage oral contraceptive which functions in a new way. Called "Syntex Minipill," it consists of a half-milligram of chlormadinone acetate. Most women taking "Minipill" continue to ovulate because it apparently does not act through the brain or master hormone control center. It is thought to have its effect principally on the cervix, preventing the penetration and mobility of the sperms. Clinical trials have included 4704 women totalling 54,257 treatment cycles. It has been introduced into several countries, but not in the United States.

The Pharmaceutical Manufacturers Association has established a computer-oriented information service center to deal with information published in scientific journals. The service utilizes the Medical Literature Analysis and Retrieval System (MEDLARS) of the National Library of Medicine. PMA's use of MEDLARS began in 1968 with a preliminary study of utility and need. A second phase of services without cost to PMA members is now closing. Based on past experience, the system will proceed now to full utilization. The arrangement is reciprocal—PMA receives MEDLARS tapes and in return the PMA staff indexes for the library at the rate of about 7500 articles annually—a task which will expand to 13,000 articles annually later.

First-year medical school classes this year are bigger by 420 than those of last year and 1470 bigger than 1965-66. It is hoped that the increase from 1968 to 1975 will amount to as much as 50%. The increases up to now are a result of the opening of 13 new schools, and also to enlargement of entering classes in the old schools.

Mike Klonsky is the National Secretary of Students for a Democratic Society (SDS). If there has ever been any doubt as to what the "Society" stands for, Klonsky settled it for everyone recently. At an SDS meeting at the University of Texas, he said, "Our primary task is to build a Marxist-Leninist revolutionary movement."

Levels of carbon monoxide in the air, or at least in some air, may be high enough to be serious. Auto engines are the largest single contributor: 8.3 million pounds of monoxide are produced daily in New York City, 20 million pounds in Los Angeles. Cigarettes also raise the blood CO. The National Research Council is calling for more research. Holland Tunnel Policemen, chronically exposed to higher-than-normal levels of CO, make good research subjects.

The 4-H Club health program was provided a boost recently when seven national winners were selected from a field of 63 state health winners at the 48th 4-H Congress in Chicago. Each of the seven received a $600 educational scholarship from Eli Lilly Company. Since 1956 Lilly has awarded 86 educational grants to winners of national health competition. ◀

Lounge Talk

LLOYD L. HILL, M.D.
Peru

PREPARING these articles is somewhat of a speculative venture. By the date of publication, time and circumstances may have altered many situations making some of my remarks appear preposterous. Keep in mind that the preparation of the issues discussed in these features occurs some five to six weeks prior to publication. I mention this somewhat apologetically at this time; for I am presently writing this the week prior to the special session of the House of Delegates March 15th. Who could possess the clairvoyance to know the outcome of this meeting? Will the ISMA policy-mandating body courageously stand its ground; or will it disintegrate into a fiasco of reversing policies inherent to freedom in the medical arts by approving actions taken by our own policy administrators, by the "Doctor's Plan," and by our state and federal governments which are diametrically opposed to the mandates of previous Houses of Delegates?

Bouquets to our Allen county colleagues for spelling out the issues so well in their resolutions. Hopefully, March 15th will mark the beginning of the confrontation between the harried and bullied practitioners of medicine and the tumultuous glory seekers and opportunists who seek aggrandizement at the expense of every physician who is simply too busy and too pleasant to even realize his precarious fate.

"Lounge Talk" was originated to provide a sounding board of membership opinion. Discussion of viewpoints espoused in this column is invited in the form of contributions to the column or in the form of letters to the editor. Medicine is involved in problems which are susceptible to many opinions. Proper solutions will be derived from free discussion. Members are invited to add to and engage in this discussion.

The longer such action is delayed, the more violent will be the reaction. Every concession made by organized medicine will merely establish a precedent upon which those determined to destroy us may capitalize. So far the name of the game has been "divide and compromise." How close have we come to being divided and conquered? I shudder to give an opinion, but never let it be said that I gave up without a fight.

A classmate of mine forwarded to me a copy of a reply he had received from Mutual Medical Insurance, Inc. (that's the "Doctor's Plan")—just what would we ever do without Blue Cross-Blue Shield?? Apparently Dr. —— sent a letter of inquiry to Medicaid's "fiscal intermediary" seeking to learn where his fees were situated in the mysterious "percentile scale." I would assume that my classmate had decided he had no alternative but to become an "eligible provider" of Medicaid services. If so, it would be a bit helpful for him to have some vague idea, at least, of the stipend he would receive for his services.

Blue Shield had the audacity to reply thus: "We do not have available copies of the profiles established for the Medicaid Program. These are housed in a computer and are not made in a printed nature by Blue Shield." Just how quickly would the "Doctor's Plan" welch on a claim if it received a comparably impudent reply from a hospital or physician whom it repeatedly harrasses asking for all sorts of impertinent trivia? The whole state of Michigan and significant areas throughout the U. S. would be blown off the map by union terrorists if Mr. Reuther would ever be similarly treated by management of the automobile industry.

Organized medicine must close its ranks and adamantly defend its policies—not by violence but by a forthright and uncompromising stand for the prevailing sentiments of its only policy-making body—the House of Delegates. Our Board of Trustees exonerates itself from responsibility for Blue Shield's actions by stating the Board only authorized it to apply for the "fiscal intermediary" function. Is it asking too much of our trustees for them to stipulate, at any time they are requested authorization, that ANY action taken must conform well with the official policies of organized medicine? The "fee assignment" principle of Medicaid was well known and part and parcel to the overall plot to place the shackles on the practice of medicine.

To say we have no recourse is absurd. How long would our "disadvantaged citizens" tolerate their medical care being given to them exclusively by faith healers and chiropractors? I don't advocate reprisal being illegally or unconstitutionally sought against individual members who for one reason or another decide to participate; but I do resent the tacit approval of such schemes from our leadership by compromising the principles established by our duly-elected representatives in organized medicine.

We members who are acting in conformity with the principles of our own organization by refusing to be enslaved by socialistic programs are left isolated amid the avalanche of such schemes today. Organized medicine is allowing each of us to be bamboozled into submission. The intimidators in Washington rely on organized medicine's continued gullibility and cowardice.

We are physicians—not insurance men! We are medical men—not politicians! We are dedicated, responsible

citizens whose integrity and humanitarianism as a group far surpasses that of any other segment of our society with the possible exception of the clergy. Admiral Rickover gave an even more complimentary appraisal of the medical profession recently in a speech, not to a group of doctors, but as an inspiration to a graduating class of engineers. What irony it is that we, the accused, must endure the impudence of the accusers, the insurance industry and politicians who have more charlatans among them, by far, than we ever hope to have.

There have been many and varied "excuses" for the travesty of freedom in the practice of medicine. Rudyard Kipling is quoted as saying, "We have forty million reasons for failure but not a single excuse." I didn't even realize Mr. Kipling was a physician, let alone a member of organized medicine! ◀

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References: (1) Salerno, L. J.; Ortiz, G., and Turkel, V.: Vaginitis: A Diagnostic and Therapeutic Approach, Scientific Exhibit, presented at the 115th Annual A.M.A. Convention, Chicago, Illinois, June 1966. (2) Nugent, F. B., and Myers, J. E.: Pennsylvania Med. 69:44, 1966.

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Aesculapius Comes to the St. Joseph Valley*

DAVID A. BICKEL, M.D.
South Bend

WHEN Aesculapius came to this community he was not the figure that he is today. There is little recorded history of the early medical activities in this region, although the general history of this territory has been excellently recorded, (Chapman, Howard). We do have records of a few early physicians; Dr. John A. Hendricks, a brother-in-law of Alexis Coquillard, the founder of South Bend, engaged in medical practice but in 1836 gave it up and went into the dry goods business with Mr. Coquillard; also, Dr. Daniel Dayton was listed among the prominent citizens in 1836 and was a member of the town council. Records of a medical society prior to 1887 were destroyed by fire so that the information we do have was handed down by oral tradition.

Dr. Louis Humphreys came to the South Bend settlement in 1844—two years after the founding of Notre Dame. Dr. Humphreys organized a St. Joseph County Medical Society in 1855 and served as its president for three years. He was an outstanding man and took an active part in civic affairs. In addition to his medical activities, he was mayor of the village of South Bend for two terms (South Bend did not become a city until 1865). He also organized the public library and the first savings bank in South Bend. Except for five years when he was a surgeon in the Civil War, he was active in the development of the city until his death in 1880.

Most physicians in those days obtained their medical education by the preceptor method—working with an experienced physician. The first medical school in the midwest was a Transylvania College in Kentucky. Rush Medical School in Chicago was founded in 1837.

Most of the early settlers depended on Indian and home remedies which did about as much good as the doctors' treatment at that time. Opium for pain, quinine for malaria, alcohol for all other ills, and calomel as a cathartic were about the doctors only effective medicines. Malaria was the scourge of the pioneer. Fortunately a specific remedy for malaria, quinine from the cinchona tree, was discovered in 1810. Most of the pioneers were strong and sturdy people and required little medical care. They spent most of their time outdoors and ate simple food: fish, game, wild berries and nuts. Later they learned how to raise corn from the Indians. Corn and beans became a major part of their diet. Although they lived in constant fear of Indian attacks, they had little need for psychiatrists; but many early settlers succumbed to serious illnesses and injuries who could have been saved by today's medical care. Doctors gave many plant extracts which usually had no drug effect. There was no advertising media then to promote patent medicines. The first medical book published in Indiana was on Indian remedies, by Dr. Selman of Anderson. It listed plants and animal products that the Indians had recommended and used.

Meetings of the medical society, organized by Dr. Humphreys, were held every three months but the society was discontinued in 1858—perhaps due to the rumblings of war, the financial crisis of 1857 and later the enlistment of many physicians in the army. A few futile attempts were made to organize a medical society between 1859 and 1887. The present society was organized in 1887 at a meeting in the old Oliver Opera House on Main Street.

The first members of the society were the following doctors: Sawyer, Wickham, C. A. Daugherty (Mrs. Sensenich's father), Dunning, who later went to Indianapolis and became a teacher in the Indiana Medical College, Sacks, an obstetrician who claimed to have been a student of Scanzoni, McAllister, Green and Thorpe of Mishawaka, Schafer, an eye and ear specialist, Cassidy, and Butterworth who occupied a brick house at the present site of the Tribune Building. Dr. Butterworth's son Charles became noted as a comedian and actor in the early days of the movies and radio. Dr. Montgomery was its first secretary. Later members who started practice here in the early '90's were: Dr. Jacob Hill, Dr. John Bertling, Dr. Charles Stoltz, Dr. Charles Terry, Dr. Walter Hager, Dr. Harry Boyd Snee, Dr. E. J. Lent and Dr. R. B. Dugdale. Meetings were originally held four times a year and there was one all-day and evening meeting held in the fall with out-of-town speakers.

The regular meetings were first held in the basement of the Court House and later at the Y.M.C.A. Building which was across the street from the present courthouse, just south of the Odd Fellow Building. The larger annual meetings were held at the Studebaker Auditorium where Robertson's store now stands. Many noted doctors, Dr. Charles Mayo, Dr. Senn from Chicago and Dr. Wyeth of New York spoke at these meetings.

In the early days physicians had no such aids as x-ray and laboratories and naturally became self-reliant and

* Presented at the Annual Family Night Meeting of the St. Joseph County Medical Society, May 21, 1968.

individualistic. Humorous situations arose occasionally from over-developed individualism. In 1892 Dr. Montgomery gave a paper strongly denying the recently discovered germ theory of disease. Dr. Montgomery was well read, brilliant and very positive in all his opinions. At this time the medical profession throughout the world had already accepted the discoveries of Pasteur, but Dr. Montgomery refused to accept this theory. Years later when he was reminded of his error he exclaimed emphatically: "I was right, perfectly right. Germs don't have a damn thing to do with disease. It's the product of the germs that causes the trouble." He cleverly proved his point.

Doctors, like all who give service, have always been interested in fees as the following account indicates. In the '90's when an individual came to town with smallpox, everyone was excited and most doctors had never seen a case. Epidemics were controlled since Jenner's discovery of vaccination in 1796. It was decided to vaccinate all school children in South Bend. Dr. Montgomery was then president of the medical society and Dr. Daugherty was president of the school board. They decided that since a regular office call was 75¢, vaccinations should be only 50¢. When this fee was announced to the profession, some members were enraged at having their fees dictated and thought they would "show them" by doing vaccinations for 10¢, and they did many of them, to the delight of the public.

There were many notable personalities in the profession in the early days. Dr. Charles Stoltz, who was a brilliant surgeon and a scholar, wore white rubber boots and clean overalls when he operated, and in his work displayed unusual skill and courage. He had one of the first automobiles in South Bend, and, thereafter, was an auto buff with fine cars. He had the first Lincoln in South Bend. Another interesting physician was a Frenchman, Callix Rennoe, whose original name was Reynaud, probably a relative of the French neurologist after whom the disease was named. Dr. Rennoe was a scholar who learned the Polish language quickly and become an idol of the Poles in the West Side of the city. He performed the first appendectomy in South Bend in 1889. At that time a good driving horse was a status symbol and harness racing was a popular sport. Dr. Rennoe was much interested in horses and drove them even after automobiles were introduced. Horse races on Colfax Avenue were a common occurrence. Dr. Rennoe lived on West Washington Street and died in 1923.

Early physicians took an active part in political and civic affairs. Dr. Robert Harris was the leader of the Greenback Party in 1851.

Following the Civil War, South Bend grew rapidly and many physicians located here before 1900:

Dr. J. F. Morill located here in 1879 and opened a mineral bathhouse with a well 68 feet deep. In 1880 Dr. Levi Ham was reported to have one of the finest libraries in the state. A lady physician, Sarah Stockwell, located here in 1876. Dr. John Borough, a great-uncle of Dr. Lester Borough, located in Mishawaka in 1874.

Dr. Jacob Hill, a beloved gentleman, an uncle of Dr. Fred Buechner, came here in 1881. According to Dr. Hill's own report, his brothers, who were financing him, thought he was more interested in "raising the devil" than in medicine and they suggested he go back to school until he grew up and then try to be a doctor. He returned East, came back to South Bend in 1887, and practiced until his death in 1937. He was a bachelor who lived with his nieces in a family home which was torn down to make way for the South Bend Medical Foundation parking lot.

Homeopathy, a cult in medicine, was started by Samuel Hahnemann in Germany in 1810. His theory of cure by infintesimal doses of drugs lacked any scientific basis and was not accepted by the medical profession. Several homeopathic medical schools were established in this county and gave a good course in basic medicine. Many good physicians in this area were graduates of these schools but did not adhere to the homeopathic theory of treatment in their practice. Its followers did not belong to the regular medical society. In the '90's, and later, Dr. W. H. Meyers and Dr. Partridge were the leading homeopathic physicians in South Bend. They charged less than the regular physicians for an office call—25¢ and 35¢—while the regular physicians charged 50¢ and 75¢.

Dr. John Bertling was a prominent physician for many years. He had been an outstanding student at Notre Dame and after graduating from medical school in Cincinnati he returned in 1888 to practice here until his death in 1940. One patient commented that if one saw Dr. Bertling seeing the patient one knew it was serious. At one time he served as physician at Notre Dame and was city health officer. It was due to his efforts that the first milk ordinance in the city was passed.

As time went on, the desirability of a medical library was recognized by the profession and in 1910 a committee (Dr. Clark, Dr. Sensenich and Dr. Bosenbury) was appointed to establish a medical library. It was arranged that the public library provide a room and contribute $500, with a like amount from the doctors, for the establishment of a medical library. Through the co-operation of Miss Virginia Tutt, then city librarian, a medical library was opened on the second floor of the public library. Books were donated by physicians and donations of from $10 to $25 were also made. A number of up-to-date volumes were purchased and subscriptions were entered for several medical periodicals. The library grew in size and importance and was then considered to be one of the best

in the state. In the 1930's the library was moved to the medical foundation, enlarged and modernized. The library at the medical foundation is now one of the most complete in the state. For many years the society meetings had been held in a dusty old room in the public library.

Several prominent physicians began practice in Lakeville and later moved to South Bend. Among them were Dr. Charles Daugherty, Dr. E. J. Lent and Dr. Harry Mitchell. A story was told by Dr. Mitchell that when he started practice in Lakeville he had a horse and cart and wore a stovepipe hat. He would drive his horse through the main street rapidly to impress the populace with his busy practice. One day some onlooker who was not impressed said "There is Doc Mitchell just exercising his horse again."

As an example of hospital care before 1900: the Pennsylvania Hospital at Philadelphia once posted its only directions for patients which read:

"ALL PATIENTS WHO ARE OUT OF BED ARE TO HELP FEED AND CARE FOR THE BED PATIENTS."

"CHEWING AND SMOKING TOBACCO, SWEARING, CARD PLAYING AND ROLLING DICE ARE PROHIBITED."

The first hospital in Indiana was the Central of Indianapolis, established for the care of mental patients in 1848. The Indianapolis General Hospital was started in 1883.

Father Sorin, the founder of Notre Dame, came to this community in 1836 and in 1846 suggested establishing a hospital. At the present site of St. Joseph Hospital, Father Sorin erected a building for a school and church following the fire that destroyed St. Joseph Church—the day after Christmas, 1875. This building was converted into a hospital in 1882, the first in the city. Its first patients were mostly from the county farm and the jail. In those days people were very reluctant to go to a hospital. At one time St. Joseph Hospital ran an advertisement in the newspaper soliciting patients. Hospital care was crude and sometimes of little benefit to the patient, but as medical science advanced, hospital care improved. A medical staff was organized at St. Joseph Hospital in 1887. The first hospital which was a wood building has since been replaced by a brick building which has had two extensive additions, and now (1967) supplies 275 beds and all modern equipment.

The beginning of Memorial Hospital is a storybook tale. One cold evening in 1892 an unfortunate girl found her way to the First Methodist Church, to get in out of the cold. The ladies of the church became interested in her but were at a loss to find a place for her to spend the night, and possibly have her baby. This incident inspired the women to work diligently to secure an institution where such unfortunate individuals could be cared for. A deaconess was procured and a building was started which was in operation in the spring of 1893. Applications to the home were plentiful and a trained nurse was procured. The mission home was purchased from the women and a general hospital was started in 1894. A men's ward was opened in 1895. A board of trustees was elected and a nursing school established. Years later the board had some difficulty and wanted to give the hospital back to the women.

In 1903 a brick building was erected at Main and Navarre Streets. Additions were made in 1925, 1941 and 1957, making it a large modern hospital with over 300 beds. The hospital was originally named Epworth, in honor of the town where John Wesley lived in England. The name of the hospital was changed to Memorial in 1945. It was never connected with the Methodist Hospital organization.

The Poor Handmaids, an order of nuns, came to Mishawaka in 1878 and opened a convent (St. Agnes) at the site of the present hospital. They gave visiting nurse service to patients in their homes. This service was much in demand before hospitals were established. In 1899, five sisters from the Poor Handmaids opened a convent for home nursing in South Bend at Wayne and Scott Streets, near St. Patrick's Church, but in 1913 Mercy Hospital in Gary got into financial straits and the sisters were forced to leave South Bend and go to Gary to operate that hospital.

For many years a local hospital in Mishawaka was deemed a necessity. At great inconvenience, very ill patients had to be transported to South Bend hospitals. In 1908, through the efforts of Father Moench, pastor of St. Joseph Church, the physicians and businessmen of the city of Mishawaka put on a drive to collect funds to build a hospital. Mr. A. E. Sanders, then head of the Mishawaka Woolen Co., and Mr. M. W. Mix, head of Dodge Manufacturing Corporation, both personally gave substantial contributions. The drive was started and funds to build a hospital were soon accumulated. Contributions were made by the public which responded regardless of race or creed. Dr. Dresch took a very active part in the project and the building was completed in 1910. The first patients admitted were all desperately ill; five of the first 14 died. The building of the hospital was an incentive for more and better physicians to locate in Mishawaka. Over the next 50 years, the hospital became a large institution with all modern facilities.

At the beginning of the century the ravages of tuberculosis were astounding. In 1908 the death rate was 183 per 100,000 population; now it is less than 25. When the infectious nature of disease was understood, isolation of patients appeared imperative. In 1908 a group of local citizens organized a St. Joseph County Tuberculosis League, modeled after one operating in Denver. They first established a fresh air camp in Potawatomi Park. This camp cared for tu-

berculosis patients from 1908 until 1914. In 1913 the county commissioners began to build Healthwin Hospital. It was completed in 1914 and was the first county tuberculosis hospital in Indiana.

The chief source of revenue for the League was the sale of Christmas Seals which increased from $92.00 in 1908 to $50,000 in 1967. The office of the League was maintained in the Court House until 1944 when a building was purchased at 319 S. Main Street. A clinic is now operated there for the detection of the disease, case follow-up and educational activities. For a short time Dr. James Duggan served as director of Healthwin. Also for short periods, Dr. Kirkwood, then Dr. Goodwin and Dr. Cobb were in charge. In 1919 Dr. St. Clair Darden came as director of the hospital. Since his death the directors of the hospital have been Dr. Robert Sanderson and Dr. Edward Custer, all three being specialists in the treatment of tuberculosis.

In 1919 a summer camp, Camp Darden, was started on the grounds of Healthwin Hospital for children who were either undernourished or exposed to tuberculosis. It was assembled from surplus army tents and the hospital supplied the meals. Later more substantial structures were obtained from abandoned temporary school rooms. It was a rewarding project but it had to be abandoned in 1966 due to vandalism and to condemnation by the fire marshal.

Osteopathic physicians were not accepted in the regular hospitals, so in 1948 they organized a hospital in a remodeled apartment building on South William Street. Later, in 1957, a new Osteopathic Hospital was constructed on East Jefferson Boulevard. This is a fine modern stone building, the only osteopathic hospital in Indiana.

The Northern Indiana Children's Hospital was built in 1950 after much controversy and legislation concerning its need and its location. It is a fine hospital, constructed on land adjoining the University of Notre Dame.

One morning in 1912 a bright day for medicine in South Bend dawned when Dr. Charles Daugherty met Dr. Stanley Clark in front of the old Epworth Hospital and said: "We need a laboratory here in South Bend." Dr. Clark agreed. Laboratories were then becoming recognized as necessary in medical practice because of the great medical discoveries of the previous 50 years. Twenty-three local physicians each contributed 50 dollars to establish a medical laboratory. This was located in the basement of Epworth Hospital (Memorial) with an outside entrance on Main Street. Dr. Peterson, a woman physician, was the first director. Later a doctor was obtained who was an x-ray and laboratory specialist, but he was not satisfactory. Laboratory work increased as new discoveries were made and the number of hospital patients increased. The laboratory from its beginning has performed the work for all the nearby hospitals, the health department of the city and county, and also for individual doctors.

The need for a doctor who was a pathologist, a specialist in this field, became evident and it was necessary to obtain such a person from a medical center where special training in pathology was given. Dr. Clark personally went to the Mayo Clinic in 1922 to obtain such a physician. He was referred to Dr. Alfred Giordano. Dr. Giordano came here in November of 1922. From then on, the growth of the institution in volume of work and scientific advancement has been tremendous. New procedures were continually being added and present ones improved. Educational facilities for the training of laboratory personnel became extensive and the foundation became nationally recognized as an institution where such training could be obtained.

Dr. Giordano was nationally recognized as a pathologist and served many years as secretary of the American Society of Clinical Pathologists. In 1931 a property at the Southwest corner of Navarre and Main Streets was purchased and the laboratory was moved from the cramped quarters in the basement of the hospital. Soon, however, the old house became inadequate and an additional brick building was constructed in 1936. Five more additions have since been added and the old wooden structure removed. In 1946 the South Bend Medical Foundation, previously known as the South Bend Medical Laboratory, became a non-profit, tax-free institution, largely through the influence of Dr. Sensenich. The foundation operates branch laboratories in all local hospitals, Mishawaka and Elkhart. Its growth has necessitated the employment of 200 persons, including six pathologists of outstanding ability. Upon Dr. Giordano's retirement, Dr. Carl Culbertson from Indiana University became the director and was assisted by Dr. Jene Bennett.

Before World War I, the advantage of group practice became apparent. The idea of organizing a group in South Bend was frequently discussed by local physicians. Finally, in 1916, a group was formed consisting of Dr. Hugh Miller, Dr. Walter Baker, Dr. Charles Terry, Dr. E. J. Lent, Dr. Charles Hansel and Dr. Fred Clapp. Soon they were joined by other specialists. The South Bend Clinic, as the group was known, occupied a building on Lafayette Street until 1965 when it moved to new quarters on North Eddy Street and now has a staff of more than 20 physicians. Many physicians worked with the group for only a limited period, then continued individual practice here or moved to other cities.

Following the turn of the century several well trained physicians located in South Bend. Among them were Dr. R. L. Sensenich, Dr. Stanley Clark, who had the first x-ray equipment in Indiana, and Dr. James Wilson, Sr. Following the World War

I a number of new physicians located here from smaller towns and some opened offices away from the center of the city to serve the residents of various communities. As the medical profession increased its numbers, many competent specialists were included. The Medical Foundation became known as one of the most outstanding clinical laboratories.

As the medical society's membership increased, it required more business management and Mr. Harry Davis became its executive secretary in 1941 and managed its affairs most efficiently. In 1897 the membership was 27, in 1917 it was 96 and in 1967 it was 210.

About one-half of the local physicians volunteered for military service during World War I. Only one, Dr. Arthur Knapp, went overseas. During World War II, 48 local physicians entered the service. Nearly all went out of the country. Only one, Dr. Charles Clark, lost his life in service. He was a physician for the Bendix Corporation.

The Cancer Society of St. Joseph County was organized in 1943. Its original purpose was to collect and disseminate information to the public concerning the symptoms, diagnoses, treatment and prevention of cancer. The organization was originally the St. Joseph County Unit of the American Cancer Society. Mrs. Eli Seebirt was the first president of the board. The cancer society's headquarters were first located on the second floor of the Tuberculosis League at 319 S. Main Street. Dr. Stanley Clark was an active promoter of the organization and Dr. Sensenich, Dr. Giordano and Dr. Carter were members of the first board. Mrs. Norwood Craighead was the first executive secretary. In 1948 a residence at 501 N. Main Street was purchased by donated funds and became the center for the society. At this time Mrs. Rosemonde Christman became the executive secretary. Mrs. Ann Cloetingh was active in the local society and became president of its board.

The Tumor Registry which files the records of all cancer patients, established in 1947, has been located at the Medical Foundation.

The Cancer Society of St. Joseph County, organized in 1943, became a member of the United Fund of St. Joseph County in 1951. The American Cancer Society adopted a policy demanding that all its units conduct individual drives for funds and not accept funds from United Fund organizations. The local organization, as one-third of the others in the country, recognized that it could do better in the United Fund than conducting its own collection of funds and discontinued as a unit of the American Cancer Society in 1958. The decision proved to be a wise one. In 1957 a new home was purchased for the society as an office and information center at 521 W. Colfax Avenue. Another activity of the society is the part it takes in the annual "Health-O-Rama." This is a project of the United Health Council for imparting various kinds of health information (with many free tests) to the public. Besides the Tuberculosis League and the Cancer Society there are a number of other health organizations: The Childrens' Dispensary, the Visiting Nurse Association, the Arthritic Foundation and the Mental Health Association. All have made significant contributions to the welfare of the community.

In the fall of 1917 there were a number of typhoid cases in the city. There was considerable controversy concerning the source of infection and control of the epidemic. A laboratory in a railroad car was sent here by the Federal Government to examine all recruits before entering military service. A State Board of Health official came to South Bend and publicly criticized the local physicians in the newspaper. It was discovered that the reservoir of the north-side pumping station was contaminated by sewer drainage.

In the first 60 years of the 1900's, the life span in the country was increased from 45 to 70 years. This improvement was due mainly to: sanitation, better infant care, isolation of infectious diseases (such as tuberculosis), better childbirth care, safer surgery with improved anesthetic methods, blood transfusions, antibiotics and sulfa drugs, and more prompt recognition and treatment of cancer. Medical care in this community has compared favorably to the best in the country.

The Indiana State Medical Association held its annual meeting in South Bend three times and five South Bend physicians have been chosen as its president: Dr. Charles Daugherty, Dr. John Bertling, and Dr. R. L. Sensenich who was also president of the American Medical Association, Dr. Alfred Ellison and Dr. Kenneth Olson. In 1965 Dr. Wallace Buchanan was chosen president of the American College of Radiology.

Acknowledgments

1. "Alexis Coquillard — His Time" Mary Clarke Coquillard
2. "History of St. Joseph County" Charles Chapman
3. "History of St. Joseph County" Edward Timothy Howard
4. "History of the St. Joseph County Medical Society" Frederick P. Eastman
5. Sister John Frances
6. Mrs. Mae Shore
7. Miss Irma Collmer

(The following item was found as a clipping posted on the bulletin board of a surgical lounge. No originality is claimed by *The Journal*, which hereby acknowledges its debt to the appropriate publication.)

(Editor's Note: Doctors will recognize the following item as satire pointing up the absurity of ever achieving totally informed consent.)

Consent Form

FOR HERNIA PATIENT

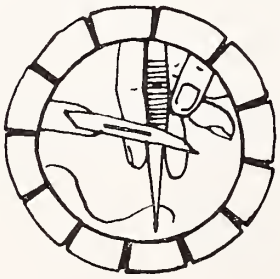
I,_____, being about to be subjected to a surgical operation said to be for repair of what my doctor thinks is a hernia (rupture or loss of belly stuff—intestines—out of the belly through a hole in the muscles), do hereby give said doctor permission to cut into me and do duly swear that I am giving my informed consent, based upon the following information:

Operative procedure is as follows: The doctor first cuts through the skin by a 4" gash in the lower abdomen. He then slashes through the other things—fascia (a tough layer over the muscles) and layers of muscle—until he sees the cord (tube that brings the sperm from testicle to outside) with all its arteries and veins. The doctor then tears the hernia (thin sac of bowels and things) from the cord and ties off the sac with a string. He then pushes the testicle back into the scrotum and sews everything together, trying not to sew up the big arteries and veins that nourish the leg.

Possible complications are as follows:

1) Large artery may be cut and I may bleed to death.
2) Large vein may be cut and I may bleed to death.
3) Tube from testicle may be cut. I will then be sterile on that side.
4) Artery or veins to testicles may be cut—same result.
5) Opening around cord in muscles may be made too tight.
6) Clot may develop in these veins which will loosen when I get out of bed and hit my lungs, killing me.
7) Clot may develop in one or both legs which may cripple me, lead to loss of one or both legs, go to my lungs, or make my veins no good for life.
8) I may develop a horrible infection that may kill me.
9) The hernia may come back again after it has been operated on.
10) I may die from general anesthesia.
11) I may be paralyzed if spinal anesthesia is used.
12) If ether is used, it could explode inside me.
13) I may slip in hospital bathroom.
14) I may be run over going to the hospital.
15) The hospital may burn down.

I understand: the anatomy of the body, the pathology of the development of hernia, the surgical technique that will be used to repair the hernia, the physiology of wound healing, the dietetic chemistry of the foods that I must eat to cause healing, the chemistry of body repair, and the course which my physician will take in treating any of the complications that can occur as a sequela of repairing an otherwise simple hernia.



Date _____

Place _____

Patient _____

Lawyer for Patient _____

Lawyer for Doctor _____

Lawyer for Hospital _____

Lawyer for Anesthesiologist _____

Mother-in-Law _____

Notary Public _____

(Reprinted from the **Los Angeles County Medical Society Bulletin**, Oct. 16, 1969)

"All Interns are Alike"

It stands to reason. They all go through the same training; they all have to pass the same tests; they all have to measure up to the same standards; they all are underpaid, too. Therefore, all interns are alike.

That's utter nonsense, of course. But it's no more nonsensical than what some people say about aspirin. Namely: since all aspirin is at least supposed to come up to certain required standards, then all aspirin tablets must be alike.

Bayer's standards are far more demanding. In fact, there are at least *nine specific differences* involving purity, potency and speed of tablet disintegration. These Bayer® standards result in significant product benefits including gentleness to the stomach, and product stability that enables Bayer tablets to *stay* strong and gentle until they are taken.

So next time you hear someone say that all aspirin tablets are alike, you can say, with confidence, that it just isn't so.

You might also say that all interns aren't alike, either.

GLEANED FROM THE BRITISH MEDICAL JOURNAL

JACK W. HICKMAN, M.D.
Indianapolis

Capillary Fragility Varies Directly with Severity of Diabetes

Hart and Cohen present a rather nice study indicating that diabetics have a higher degree of capillary fragility than normal persons.[1] They used a standarized technic to measure fragility in 211 diabetic patients and in 88 controls. Another finding was that capillary fragility increased with age, even in the control group. The authors also demonstrated that those patients requiring insulin had greater degrees of fragility than those who required only diet or diet and oral hypoglycemic drugs. There was also a rough correlation between size of insulin dosage and degree of fragility. Even though it seems unlikely that this measurement will come into broad clinical use, as the authors suggest, it is still an interesting finding and one that confirms the general nature of the "complications" of this common condition.

Potassium Depletion in Congestive Failure

A beautiful physiologic study of patients with severe valvular heart disease and congestive heart failure is reported by White et al.[2] The studies were mainly of exchangeable sodium and potassium and total body water in these subjects and the results were compared with the same measurements in a control group. The two striking findings were that the heart disease patients showed no increase in exchangeable sodium, but they did have a mean potassium depletion of 27%. The authors say that the potassium depletion was not related to diuretic therapy as one might assume at first glance. They attribute this change to the reduction in gross body cell mass that occurs with chronic congestive heart failure. This change is usually obscured, of course, by the accumulation of edema, and it is often neglected by clinicians. The authors found no significant fall in intracellular potassium. These studies help add more bits of knowledge to the total picture of the field of pathophysiology.

One Bad Habit that Does Not Correlate with Coronary Disease

Since dietary sugar intake has been incriminated as a major contributing factor to the development of coronary artery disease, the report by Howell and Wilson is of interest.[3] It is of particular importance since these authors found *no* difference between amounts of sugar intake in men with coronary artery disease and a control group of men. The authors compiled dietary histories, blood studies and EKG's on 170 men with coronary artery disease and over 1,100 controls. These studies failed to demonstrate any significant difference between the two groups. Of passing interest was the fact that there was no correlation between sugar intake and serum cholesterol levels in either group. Negative results such as these also play an important role in medical research.

Another Side Effect of Oral Contraceptives?

Any study that includes data on a survey population of 39,954 women deserves at least passing notice. This study by Melamed et al. adds further fuel to the fire regarding the safety of oral contraceptive agents.[4] In this study the authors found a higher occurrence of cervical carcinoma in women using oral contraceptives than in the woman using a diaphragm. This difference in carcinoma rates was found to be statistically significant. The study was conducted out of Planned Parenthood of New York City. The authors corrected their data for age, ethnic origin, age at first pregnancy, number of live births, and family income; yet even with these manipulations, the difference between the two groups remained. The authors do not wildly conclude that oral contraceptive agents cause cervical carcinoma, but do correctly report their findings.

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2. White, R. J., Jr., et al.: Potassium Depletion in Severe Heart Disease, *Brit. Med. J.* 2:606-610, No. 5657.
3. Howell, R. W., Wilson, D. G.: Dietary Sugar and Ischaemic Heart Disease, *Brit. Med. J.* 3:145-148, No. 5663.
4. Melamed, M. R., et al.: Prevalence Rates of Uterine Cervical Carcinoma in Situ for Women Using the Diaphragm or Contraceptive Oral Steroids, *Brit. Med. J.* 3:195-200, No. 5664. ◄

you can hang on for a few more minutes, Doctor, m sure I'll sneeze again."

sneeze. And sneeze some more. But with Novahis- LP, most patients get prompt and long-lasting f from the symptoms of allergies and colds. These inuous-release tablets have a vasoconstrictor-anti- mine formulation that begins working in minutes, continues to provide relief for hours. Even when l congestion is due to repeated allergic episodes, Novahistine LP tablets, morning and evening, let most patients breathe freely all day and all night. Use with caution in individuals with severe hypertension, diabetes mellitus, hyperthyroidism or urinary retention. Caution ambulatory patients that drowsiness may result.

Novahistine® LP decongestant

(Each tablet contains 25 mg. of phenylephrine hydrochloride and 4 mg. of chlorpheniramine maleate.)

DOW THE DOW CHEMICAL COMPANY Rx Pharmaceuticals Indianapolis

Owner Breaks Arm When Yacht Runs Agroun

Schuyler, Oct. 31. Harry Waters of Covesville incurred a fractured arm ... acht ... ck a large rock ... tially capsized. The fire departm had to rescue Waters by small ... Damage to the yacht is estimat

Hasn't the skipper had enough excitement for one day?

For the patient who has been through an accident, the worry and anxiety following the mishap may actually heighten the perception of pain. This is why there's a classic ¼ grain *sedative* dose of phenobarbital in Phenaphen with Codeine—to take the nervous "edge" off, so the rest of the formula can control the pain more effectively.

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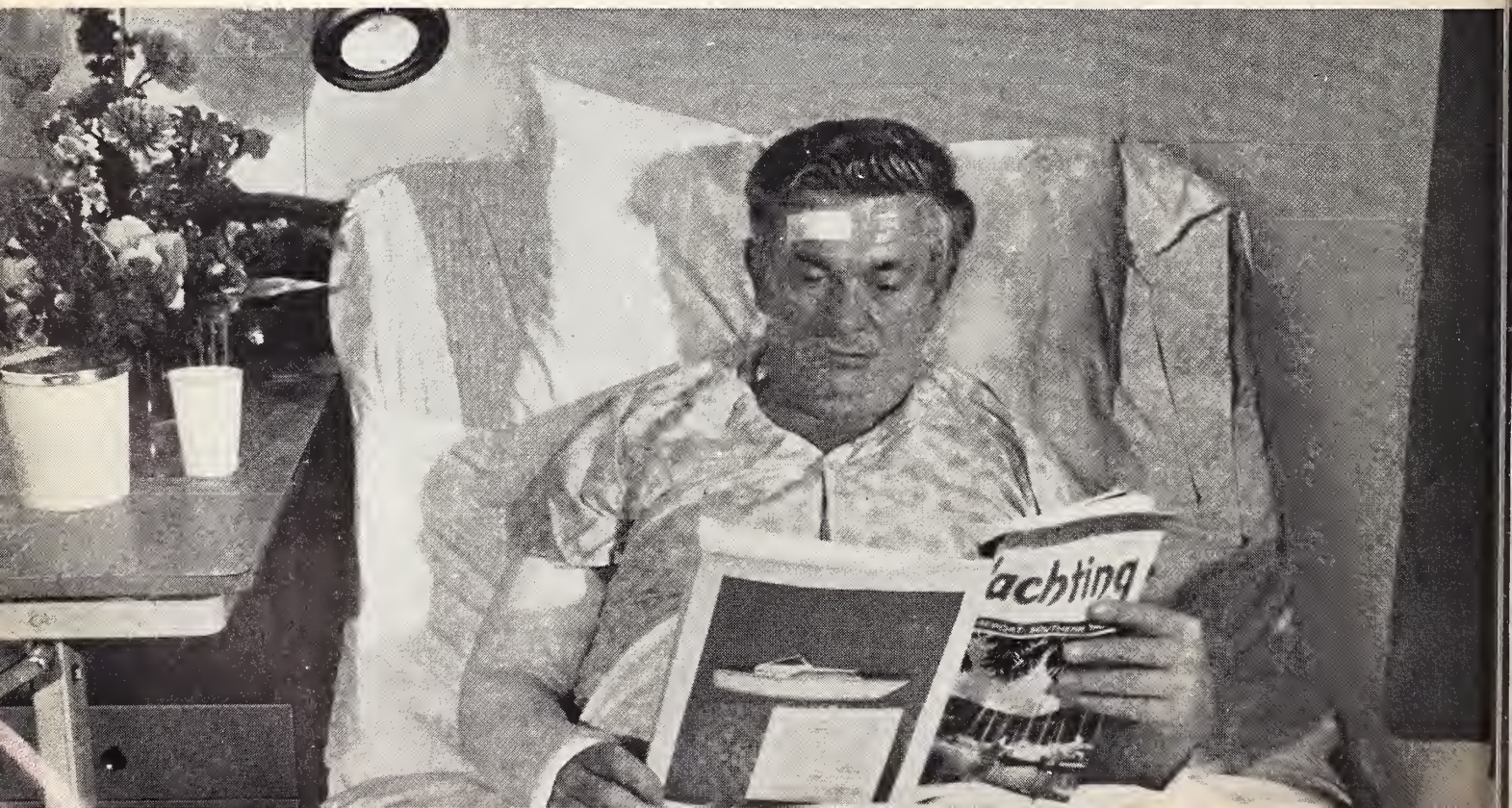
Phenaphen® with Codeine

Phenaphen with Codeine Nos. 2, 3, or 4 contains: Phenobarbital (¼ gr.), 16.2 mg. (warning: may be habit forming); Aspirin (2½ gr.), 162.0 mg.; Phenacetin (3 gr.), 194.0 mg.; Hyoscyamine sulfate, 0.031 mg.; Codeine Phosphate, ¼ gr. (No. 2), ½ gr. (No. 3), or 1 gr. (No. 4) (warning: may be habit forming).

The compound analgesic that calms instead of caffeinates

Indications: Phenaphen with Codeine provides relief in severer grades of pain, on low codeine dosage, with minimal possibility of side effects. Its use frequently makes unnecessary the use of addicting narcotics. **Contraindications:** Hypersensitivity to any of the components. **Precautions:** As with all phenacetin-containing products excessive or prolonged use should be avoided. **Side effects:** Side effects are uncommon, although nausea, constipation and drowsiness may occur. **Dosage:** Phenaphen No. 2 and No. 3—1 or 2 capsules every 3 to 4 hours as needed; Phenaphen No. 4—1 capsule every 3 to 4 hours as needed. For further details see product literature.



Seventies Viewed as Decade Of Consumerism for Health Care

(One of a series prepared by Blue Cross and Blue Shield)

There are few certainties, as Indiana Blue Shield looks ahead at the Seventies. Probably the best bet is that the 1970's will be a decade focusing on the consumer. Consumerism is not something confined to the health care field, of course. But it will affect both Indiana Blue Shield and the medical profession—and whatever role government is to have in each—during the decade of the 1970's.

Blue Shield has grown and flourished during nearly a quarter century in Indiana because it has met the demands of the consumer. In the 1970's, if we can't continue to furnish what they want, we won't be in business.

We have to assume there is a clear mandate from the consumer-public for more complete prepaid health care protection.

We also have to assume if this challenge is not met by private enterprise, with the help of the medical profession, then the mandate will be met by government.

There are lessons in Medicare, for example. Nearly four years after its inception there is widespread dissatisfaction with it, by both the medical profession and by the population it serves. This is in line with widespread predictions within the medical profession.

But the pressure is not to wipe the program off the books, but to institute broader standards of care, and even to inject further governmental fee restriction on physicians.

Here, then, is the dilemma, the challenge of the 1970's . . . meeting the consumer pressures without sacrificing physician prerogatives or patient prerogatives to government, without pricing the care out of the market, and without abandoning maximum private participation in the financing of this care.

Much of this is uncomfortable. To some extent, it may require in the decade ahead some necessary cooperation with governmental units on the part of the medical profession.

History has shown that opposing every action and proposal of government does not result in fewer rules and regulations, but in more government involvement. Certain hard-line stances of opposition have been counter-productive.

The American Medical Association has recognized this by taking the initiative on the current issue of *National Health Insurance*. Its proposal for Medicredit seeks to attain most of the same goals as other proposals, that is a universal level of health care in the United States. But it seeks also to preserve the physician-patient relationship, the fee-for-service concept, and private financing to the extent that individuals can afford it.

Having taken the initiative, the AMA stands an excellent chance of exerting a strong influence in any future compromise proposals. If so, the nation's health care system will be the better for it.

Lowell H. Steen, M.D., president of the Indiana State Medical Association, also acknowledged the need for a positive realism.

"Our profession today finds itself buffeted by multifarious pressures," he said in an address last October. "Labor, industry, private insurance carriers, the government, and the poor, the blacks, ad infinitum. The pressures for change are overwhelming, and as the population grows numerically and has tasted the fruits of more and better medical care, these wants become less well satiated, and so an ever-spiralling demand for more and more occurs. It has been eminently proven that what the public wants, the public gets. . . .

"Yet, with the administration of Lyndon B. Johnson and its passage of Medicare, it has been conclusively demonstrated that negativism will no longer work. We cannot permit the physician to be forced into the role of a technologist in his own profession."

Another imperative for Indiana Blue Shield in the decade ahead is increased dependence on county medical societies to make effective implementation of peer review committees. The AMA House of Delegates recently recognized this same imperative by passing the following resolution: "The (AMA) Board of Trustees strongly urges that peer review be assigned the highest priority by the state and county medical societies; that where these mechanisms exist, they be strengthened, and where they do not, they be promptly established."

This is an essential weapon in the battle to keep cost control in the hands of the medical profession instead of government; the coming age of consumerism will demand effective controls by one or the other.

We see increased demand in the years ahead for coverage of additional areas of health care coverage, as members seek to close the gap on unprotected items in the health care budget.

There will be increased experimentation with new forms of delivery during the 1970's. Indiana Blue Shield is interested in finding im-

proved systems within the framework of proven professional approaches. Toward this end the Blue Shield Board of Directors has approved investigating the possibility of a foundation approach to finance total health care through the county medical society. With major challenges coming from more and more government activity on one hand, and closed panel practices such as Kaiser-Permanente on the other, we are seeking answers which retain the basic keystone to the doctor-patient relationship—the free choice of physician.

Change is inevitable. Certainly the 1970's will see as much or more change as earlier decades. But Blue Shield foresees continued reliance on systems of prepayment and delivery that preserve the protections of today for both the medical profession and our members. ◀

"Dear Abby" Debunks View that Sex Education Makes Sweden Sex-Swinger

Opponents of family life and sex education programs in American schools frequently cite: "Look what happened to Sweden after THEY introduced sex education into their schools!"

According to the "Dear Abby" syndicated column in January newspapers, the accusation falls before the facts. Abby wrote she had been "deluged" with letters and "fact sheets" calling Sweden "a nation of degenerates—leading the world in suicides, alcoholism, divorce and venereal disease." Her correspondents claim Stockholm is the abortion capital of the world ("no questions asked"), that the unwed mother is glorified, and rape has increased 55%.

Her reply is valuable to teachers, physicians and parents who are hard-pressed to refute these often-heard charges made by those seeking to sabotage family life education programs.

She obtained statistics from the United Nations World Health Organization, headquartered in Geneva, Switzerland.

Suicide: Sweden ranks ninth among all nations. In 1968, there were more suicides per 100,000 population in California than in Sweden.

Alcoholism: Both the French and Americans consume more alcohol.

Divorce: In Sweden, one out of every six marriages ends in divorce; in the U.S., one out of every three.

Abortion: Abortion applications must be reviewed by Sweden's Royal Medical Board and the requirements for approval are almost identical to the regulations adopted by the American states which recently liberalized abortion laws.

Rape: Sweden has one of the lowest rates in the world, 1.0 per 100,000 in 1966; the U.S., 5.36 per 100,000 population in 1965, and it increased seven percent to 5.8 per 100,000 in 1966.

Venereal Disease: Cases of early syphilis reported per 100,000 population in 1967 in Sweden were 4.3; in the U.S., for 1967, 10.8.

Abby concludes, "Most of us are inclined to accept as 'truths' that which we have heard repeated over and over again. It is for this reason that I have checked out the facts, and present them to you in fairness to a much maligned nation—Sweden."

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Constipation in the chronic heart failure patient carries with it the ever-present threat of acute cardiac decompensation while straining at stool. In the already weakened, distended heart, a sudden influx of blood on termination of the Valsalva maneuver is considered to be the mechanism of some of the deaths occurring in these cardiac patients during straining efforts.*

Doxidan is a gentle laxative designed to free your patient from the hemodynamic consequences of straining at stool. With a fecal softening agent to keep the stool soft and easy to evacuate, and with just enough peristaltic stimulation to urge the sluggish bowel, Doxidan reduces the hemodynamic "bind" of constipation.

Composition: Each capsule contains 50 mg. danthron N.F. and 60 mg. dioctyl calcium sulfosuccinate.

Dosage: Adults and children over 12—one or two capsules daily. Children 6 to 12—one capsule daily. Give at bedtime for two or three days or until bowel movements are normal.

Supplied: Bottles of 30, 100 (FSN 6505-074-3169) and 1000 (FSN 6505-890-1247).

*Best, C. H. and Taylor, N. B.: *The Physiological Basis of Medical Practice*, 7th edition, Williams and Wilkins, Baltimore, 1961, p. 480.

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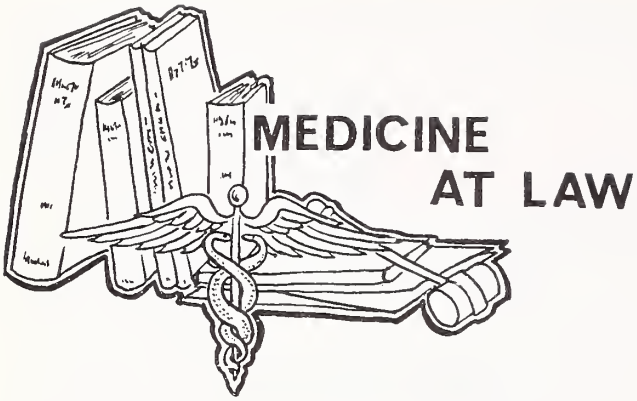

Physician Negligent in Not Diagnosing Cancer—A patient was awarded damages of $200,000 by a California trial court jury in his suit for injuries resulting from a physician's negligence in not discovering that a mole on his back was malignant.

The patient consulted the physician about the mole in March, 1968. The physician removed the mole by electrolysis but did not do a biopsy to determine whether the mole was malignant. In October, 1968, the patient had a growth under his arm which had metastasized into the lymph system. The cancer was by then irreversible. At the trial there was evidence that only three to six months of life were left to the patient.

The patient contended that the physician was negligent in failing to discover that the mole was malignant. He claimed that he would have had an 80% chance of survival if the cancer had been diagnosed in March, 1968.

The physician denied that he was negligent. He contended that the patient's condition would have been the same if he had made a correct diagnosis, because the cancer had already metastasized when he first saw the patient in March, 1968.—*Brodhagen v. Maurer*, Super. Ct., Orange Co., Docket No. 16608 (Cal., 1969).

Delay in Diagnosing Cancer May be Negligent—A delay of six months between a physician's discovery of enlarged lymph nodes in the neck and the ordering of a biopsy of the nodes indicated possible negligence, a California appellate court held. After the biopsy revealed a malignancy, treatment was started. It could reasonably be stated that the delay in diagnosis and treatment caused the spread of the malignancy to other lymph areas, necessitating more treatment and making the chances for arrest or cure of the disease more unlikely, the court said. Therefore, it was proper to grant the patient a trial on her suit against the physician for malpractice.

The patient consulted the physician concerning, among other things, three lumps on her neck. A year earlier she had had three lumps in her neck removed by another doctor, and a biopsy of those lumps had shown that they were benign. Immediately after consulting the physician involved in this case, the patient was advised by another doctor that a new biopsy was not needed. The physician concurred in this conclusion and also agreed that a biopsy might be advisable if the nodes persisted after the patient had her teeth extracted and dentures placed, since it was the opinion of both doctors that the infected teeth might have caused the new swellings.

After six months of periodic visits every two or three weeks, eight lumps, some of walnut size, appeared on the neck, ear, and jaw of the patient. Only after the lumps failed to disappear following extraction of teeth did the physician order the biopsy. The biopsy revealed cancer of the entire lymphatic system, and treatment was commenced for the removal of nodes under the arm and in the right groin.

Although the evidence at the trial was conflicting, there was sufficient evidence of malpractice for the lower court judge to order a new trial after a jury verdict for the physician. Therefore, the order for a new trial was upheld.—*Cullum v. Seifer*, 81 Cal. Rptr. 381 (Cal., Oct. 20, 1969).

No Liability for Cardiac Arrest—A verdict was returned by a California trial court jury in favor of an anesthesiologist and a hospital in a patient's suit for permanent brain damage resulting from cardiac arrest suffered while anesthesia was being administered. The trial court has taken the patient's motion for a new trial under advisement.

The patient contended that the anesthesiologist was negligent in that he failed to make a preliminary test of her reaction to a sample of the anesthetic before administering a full dose.

The anesthesiologist said that the procedure which he followed in administering the anesthesia was as safe as that outlined by the patient's expert medical witness and that cardiac arrest was one of the risks of anesthesia. Expert medical witnesses for the anesthesiologist testified that the procedure used by him was an accepted one in the community and that he performed it properly.—*Penn v. Rapicavoli*, Super. Ct., San Francisco Co., Docket No. 571656 (Cal., 1969).

Government Liable for VA Patient's Hand Injuries—In a suit under the Federal Tort Claims Act by a Veterans' Administration hospital patient, a federal trial court held that injuries suffered in preparation for surgery were caused by negligence of hospital employees. The patient's hand had been injured when an intracath tube broke off in

his arm. He was awarded total damages of $16,664.75, of which $3,500 was for pain and suffering; the remainder was for one and one-half year's lost time as an industrial painter.

The patient was admitted to the hospital with complaints of severe abdominal pain and vomiting. At that time there was nothing wrong with his left arm or hand. A diagnosis of gallbladder disease requiring surgery was made.

There were two nurse anesthetists on the surgical team. One of them placed the patient under "light" anesthesia. While in that state, the patient "bucked" when the anesthetist intubated him. The second nurse anesthetist, who was to insert a catheter in his left arm, was not informed of the patient's "bucking." If he had been informed of the "bucking," he said, he would have inserted the catheter differently and would have taken more precautions to keep the patient from moving while he was inserting it.

The second nurse anesthetist inserted a needle in a vein in the back of the patient's hand and inserted the polyethylene catheter through the inside sleeve of the needle. The intravenous flow would not drip when it was hooked up. At that point, the patient began to move and resist. The needle was removed from the patient's arm, and the polyethylene tubing was found to be cut where it extended from the needle, leaving a 4¾ inch piece of catheter in the patient's arm. The catheter broke as a result of the patient's movements in his "light" anesthetic condition.

X-rays were taken and three transverse incisions were made in the patient's arm in an effort to locate the piece of tubing. The tubing was finally found and removed and the wounds bandaged. Another catheter was inserted, and the gallbladder operation was performed without incident.

The day after the operation, when the patient complained of pain in his left arm, ice bags were applied and his arm was elevated. The hand color was good and the dressings were dry. Several days later, the arm was red, the hand was quite puffy, and there was serous seepage from the incisions. The patient was released from the hospital ten days later, although the arm was still swollen and there was still oozing from the incisions.

The swelling and drainage ceased a month after his discharge from the hospital. Two months later the patient began to complain of numbness in his fingers, together with burning and continued weakness of function. The condition was finally diagnosed as carpal tunnel syndrome, and surgery was performed. The patient now has normal function in his left arm and hand.

The court said that the evidence established that the hospital employees were negligent in not advising the second nurse anesthetist before he inserted the catheter that the patient was in a light condition of anesthesia, that the failure to warn the anesthetist was the proximate cause of the breaking off of the catheter in the patient's arm, and that the procedures to remove the catheter and the postoperative treatment of the incisions were the cause of the patient's carpal tunnel syndrome.—*Corson v. U.S.*, 304 F. Supp. 155 (D.C., Pa., Sept. 16, 1969).

"Pill" Manufacturer Not Liable for Embolisms—The manufacturer of Enovid was awarded a jury verdict in a suit by a patient who developed pulmonary embolisms after taking the drug. The verdict was returned in a California trial court.

A physician prescribed the drug for the patient in 1964 as treatment for her endometriosis. She developed a pulmonary embolism which made necessary extensive surgery on the main artery to the lower extremities.

In 1967, a second physician took her off an anticoagulant and prescribed Enovid. She developed a massive bilateral pulmonary embolism. A complete ligation to the artery had to be done.

The patient claimed that, in addition to having to undergo the two operations, she sustained permanent lung damage. In addition, she will have to wear elastic stockings and use an anticoagulant for the rest of her life. She contended that "the pill" was defective and was the direct cause of the two pulmonary embolisms.

The manufacturer contended that the pill was not defective and was not a proximate cause of the embolisms. The manufacturer claimed that the patient suffered the embolisms as the result of an idiosyncratic reaction or other predisposing cause.—*Carmichael v. G.D. Searle and Company*, Super. Ct., Los Angeles Co., Docket No. SO C10588 (Cal., 1969). ◀

Indiana Medical Foundation

The Indiana Medical Foundation was organized to furnish support for the educational activities of the Indiana State Medical Association. These activities include programs for continuing education and the scientific publications of *The Journal*. Contributions made to the foundation are deductible by donors in accordance with the Internal Revenue Code. Bequests, legacies and gifts are deductible for federal estate and gift tax purposes. Memorial contributions made to the foundation will be formally recorded and acknowledgment will be sent to the family. Gifts, bequests, and memorial contributions may be mailed to the foundation at 3935 N. Meridian St., Indianapolis 46208.

INDIANA STATE BOARD OF HEALTH

MONTHLY REPORT—February, 1970

Disease	Feb. 1970	Jan. 1970	Dec. 1969	Feb. 1969	Feb. 1968
Animal Bites	391	312	350	398	473
Chickenpox	620	619	302	689	611
Conjunctivitis	153	83	56	129	79
Diphtheria	0	0	0	0	0
Dysentery, Unspecified	18	37	6	32	86
Gonorrhea	514	590	824	434	377
Impetigo	90	94	91	111	94
Infectious Hepatitis	57	46	79	65	43
Infectious Mononucleosis	98	85	71	92	86
Influenza	11278	2845	1546	6214	2805
Measles					
Rubeola	33	26	23	50	79
Rubella	284	124	81	173	67
Meningitis, Meningococcal	5	1	5	8	6
Meningitis, Other	3	2	9	3	2
Mumps	218	196	238	307	556
Pertussis (whooping cough)	5	0	2	4	6
Pneumonia	433	456	440	465	345
Poliomyelitis	0	0	0	0	0
Streptococcal Infections	995	867	582	1014	897
Syphilis					
Primary & Secondary	35	39	44	29	27
All Other Syphilis	76	68	108	94	81
Tinea Capitis	4	2	1	26	19
Tuberculosis (active)	92	101	47	59	81

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AMERICAN MEDICAL ASSOCIATION ANNUAL CONVENTION
Date June 21-25, 1970
Place Chicago, Ill.

NORTHERN INDIANA PSYCHIATRIC SOCIETY
Date Fourth Wednesday of every month, September through June
Place For location and program, inquire Beatty Memorial Hospital, Westville

INDIANA STATE ASSOCIATION OF MEDICAL ASSISTANTS ANNUAL CONVENTION
Date April 17-19, 1970
Place Evansville

INDIANA ACADEMY OF GENERAL PRACTICE
Date April 14-16, 1970
Place Indianapolis

INDIANA HEALTH CAREERS, INC.
Regional Conference and Workshops
Date April 22, 1970
Place Goshen College, Goshen

Annual Business Meeting
Date April 30, 1970
Place Stouffer's Inn, Indianapolis

INDIANA DENTAL ASSOCIATION
Date May 13-16, 1970
Place Indianapolis Hilton Hotel, Indianapolis

INDIANA CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS
Date May 6-7, 1970
Place Stouffer's Inn, Indianapolis

INDIANA SOCIETY OF ANESTHESIOLOGISTS
Date May 23, 1970
Place Marott Hotel, Indianapolis

INDIANA ACADEMY OF OPHTHALMOLOGY AND OTOLARYNGOLOGY
Date May 5-7, 1970
Place Morris Inn, South Bend

INDIANA STATE MEDICAL ASSOCIATION CONVENTION
Date October 12-15, 1970
Place South Bend

INDIANA PUBLIC HEALTH ASSN., INC. & INDIANA TUBERCULOSIS ASSN. JOINT MEETING
Date April 21-23, 1970
Place Stouffer's Indianapolis Inn

AMERICAN COLLEGE OF SURGEONS, INDIANA CHAPTER
Date April 16-18, 1970
Place Indiana State University, Terre Haute

THE INDIANA SOCIETY OF INTERNAL MEDICINE
Date October 14-15, 1970
Place South Bend

INDIANA ASSOCIATION OF PATHOLOGISTS
Date December 5, 1970
Place Indianapolis Motor Speedway Motel, Indianapolis

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ABSTRACTS, BOOK REVIEWS

MORRIS FISHBEIN, M.D.: AN AUTOBIOGRAPHY

Morris Fishbein, M.D., Doubleday & Co., Inc., Garden City, N.Y., 1969; 505 pages; 24 illustrations.; $10.00.

This is a book that every physician should read and keep in his library as the most up-to-date current history of medicine of the last 60-odd years, but most of all, for just sheer good reading.

Morris Fishbein, has been, probably more than anyone in the medical organizations of this country, an observer and a participator in the center of the main stream of medicine in its relation to the American scene in the broadest possible way. His part has been an active one, no matter what part he was taking, and he has taken many parts, ranging from his long-time editorship of the *Journal* and the many publications of the American Medical Association, to his writings for the lay public. It is hard to imagine anyone in American medicine that has had the breadth of contact with the American people, not to mention the people of the world, that has been Morris Fishbein's, and certainly, no one has flavored the experiences of a long and productive life with the gusto that he obviously has always had.

Anyone who has known Doctor Fishbein has been deeply impressed with his enormous capacity for living the full life, and this book is a remarkable distillation of that life, which carries with it a running commentary on the far flung fields of his interests. He displays fantastic feats of memory in telling the story of over 60 years of his professional life. This includes his unique and worldwide experiences in meeting people, including many notable international figures, from all walks of life. A measure of his breadth of friendships and acquaintances is obvious in the 18 pages of the index which consists largely of the hundreds of names of those mentioned in the book.

Doctor Fishbein gives some of the flavor of his book in a short preface which opens with the following introductory statement:

"Here is a report of the nearly eighty years of my life. Few have been as fortunate as I in the devotion of family and friends, in the friendship of great physicians, publishers, and leaders of men. Such knowledge as I possess seems to have come to me easily. Such talent as I may have must be credited to a fond and learned father and a gentle, fun-loving mother. I might have been an anthropologist, a rabbi, a salesman, a pathologist, a pediatrician, a politician, but I became a writer, an editor and a lecturer. I moved with the pressures that pulled me and pushed me into places I occupied."

Another well known medical figure who has been a life long friend of Morris Fishbein has recently commented at length on his autobiography, (see *Modern Medicine* of June 30, 1969). Doctor Walter Alvarez says: "(this) is the most remarkable book of this type that I have ever read. It is remarkable because Dr. Fishbein is one of the most interesting and unusual men I have ever known, a genius who for some 60 years has lived a tremendously busy and active life."

No one who reads this book can help but be carried away by its wonderfully entertaining and delightfully diverting pages, including 24 illustrations taken from all over the world. The reviewer would be the first to urge that the reader should, without stay or delay get a copy of this wonderful book and treat himself to many hours of unalloyed enjoyment of a story that no one can fail to find enthralling.

LALL G. MONTGOMERY, M.D.
Muncie

BACTERIAL EPISOMES AND PLASMIDS

Ciba Foundation Symposium, September, 1968; published September, 1969; edited by G.E.W. Wolstenholme and Maeve O'Connor, Little Brown & Co., Boston, Mass.; 268 pages; $12.50.

The genetic systems of the single cells may be monophyletic or polyphyletic. Did the bacterial chromosome originate by progressive differentiation or is the fusion of the observable plasmids a more enticing concept?

Well!! In the last couple of years I've had the pleasure of scanning very excellent new editions of some fine textbooks. It is my opinion that they cover the subject more understandably than do the tergiversations of the experts assembled at this symposium.

Except for the dedicated expert on minutiae, I would not recommend this very well conceived outpouring. It is merely that one loses sight of the forest by too minute an inspection of the trees. . . . Or: is my age showing?

ARNOLD LIEBERMAN, M.D.
New York, N.Y.

ACUTE RENAL FAILURE: DIAGNOSIS AND MANAGEMENT

Robert C. Muehrcke, C. V. Mosby Co., St. Louis, 1969; $19.75.

The subject of this volume was only vaguely defined in 1941 when Professor Eric Bywaters described renal failure in crush victims of the London Blitz. Since then the use of serial percutaneous renal biopsy and electron microscopy has provided enough pathological information to firmly establish the medical discipline of nephrology. Dr. Robert Kark has written in his foreward to this present book that, "Acute renal failure is a central theme of modern nephrology." It is noteworthy that the author dedicates the book to the so-called "past apostles" of nephrology such as Thomas Addis, William Bowman and Richard Bright.

There are five large sections of text and case histories are used with good effect to elucidate the clinical problems. Profuse references (1155 in all) indicate a satisfying depth of coverage and reading them requires attention. It is more of a reference textbook than its size and format perhaps suggest.

The symptom complex of acute oliguric renal failure is shown by the author to have multiple possible etiologies. Virtually any toxic renal insult may precipitate oliguria. I had not considered what a protean reaction indeed is renal failure prior to reading this book. The fact of non-oliguric renal failure is also touched and this paradoxical situation may not be generally appreciated by physicians. The last pages, dealing with the general aspects of peritoneal and extracorporeal dialysis, interested me especially, although each of the other sections has its own merits. It will be used as a reference volume and can be re-read to better understand the details. There should be a large audience for this definite appraisal of acute renal failure.

RODNEY A. MANNION, M.D.
LaPorte

Continued

Abstracts From Various Literature, Prepared by AMA

SALMONELLOSIS FROM CHICKENS PREPARED IN COMMERCIAL ROTISSERIES

S. B. Werner, J. Allard, and E. A. Ager (National Communicable Disease Center, Atlanta)

Amer. J. Epidem. 90:429-437, (Nov.), 1969.

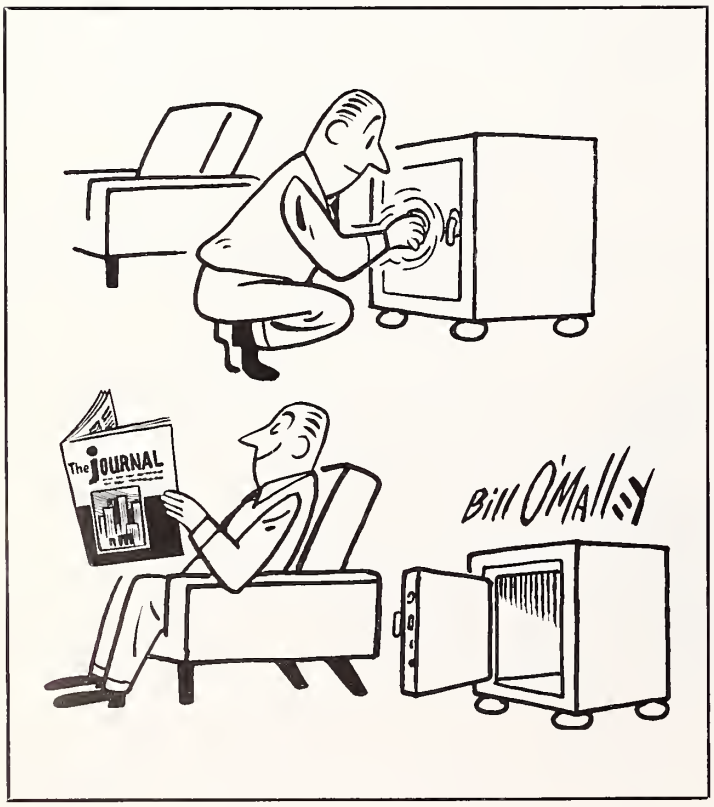
In an outbreak of gastroenteritis due to *Salmonella typhimurium* during July, 1966, there were 107 persons known to have been ill; 29 were hospitalized and two died. The outbreak was traced to ready-to-eat barbecued chickens purchased at a supermarket, the first reported outbreak due to this mode of transmission. Investigation revealed a number of serious infractions of safe food-handling rules at the barbecuing stand. In view of the high frequency of *Salmonella* contamination of current market poultry, future outbreaks of this nature may be expected as long as improper food-handling practices prevail.

EFFECTS OF EXERCISE ON RECOVERY FROM INFECTIOUS HEPATITIS

L. H. Repsher, and R. K. Freebern (Walter Reed General Hospital, Box 772, Washington, D.C.)

New Eng. J. Med. 281:1393-1396, (Dec. 18), 1969.

The effect of strenuous exercise on the recovery time of 199 United States servicemen in Vietnam with infectious hepatitis was compared to 199 patients with infectious hepatitis treated in the customary fashion. The exercise group was started on the program of strenuous exercise for approximately three hours daily at the time their symptoms were considered to be slight, irrespective of the degree of liver function abnormality. No statistical difference was found between the two groups when compared for the duration of elevation of serum bilirubin or relapse rate. Exercise did not adversely affect those whose maximum serum bilirubin was greater than 3.0 mg/100 cc. No difference in duration of disease was found in those who were involved in strenuous activity at the time of onset of illness as compared to those involved in light activity. Strenuous activity does not adversely affect the acute course of infectious hepatitis in previously healthy young males.



PHOTOSENSITIVE DERMATITIS AND RENAL TUBULAR ACIDOSIS AFTER INGESTION OF CALCIUM CYCLAMATE

J. M. Yong and K. V. Sanderson (St. George's Hospital, London)

Lancet 2:1273-1274, (Dec. 13), 1969.

A 25-year-old airline stewardess, habitually consuming large quantities of soft drinks containing the artificial sweentener cyclamate and taking 20 packets (4 gm) or more of calcium cyclamate a day was found to have a photosensitive dermatitis and severe renal tubular acidosis, associated with hypophosphatemia. Photoallergic dermatitis has been reported in Japan after the ingestion of cyclamates; in these patients and in the one reported here, withdrawal of cyclamate resulted in abatement of the toxic effect. Considering the vast numbers of individuals exposed to cyclamates, there are few reports of toxicity in man. This case report draws attention to the danger of renal damage when ingesting the calcium derivative.

THE SLEEPY DRIVER: TEST TO MEASURE ABILITY TO MAINTAIN ALERTNESS

R. E. Yoss (Mayo Clinic, Rochester, Minn.)

Mayo Clin. Proc. 44:769-783, (Nov.), 1969.

The ability to maintain alertness while driving is presently ignored in our standards for licensing, primarily because of the lack of a suitable test. By measuring spontaneous changes in pupillary size and behavior it is possible to detect decreased wakefulness in an environment not dissimilar to that which occurs sometimes while driving an automobile. Selected case histories of "sleepy drivers" with dangerous driving records are presented along with their test results on the pupil, and they are compared to "alert" control subjects. Testing of this type should be used first in selected driver populations and, if feasible, eventually in the licensing and relicensing of all operators of motor vehicles on the public roads.

EVALUATION OF AMEBICIDAL PROPERTIES OF METRONIDAZOLE

L. Minvielle et al. (Mexico City)

Dis. Colon Rectum 12:412-416, (Nov.-Dec.), 1969

Twenty patients with amebic ulcerative proctitis were treated with metronidazole. The rate of cure was 90%. Metronidazole caused slight side-effects in 15% of the patients. The optimal treatment schedule is 800 mg three times per day for 20 days. ◄

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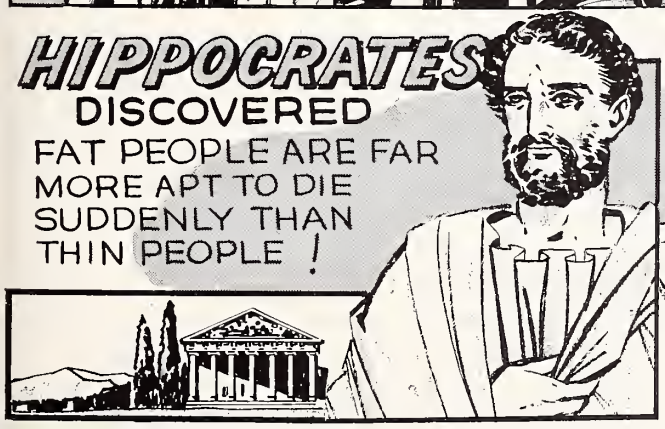

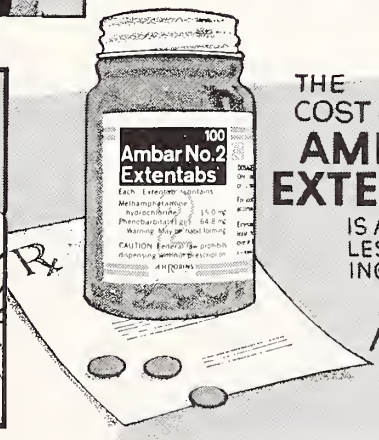

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500 Preview Open Golf Tournament Set for May 20 at Ulen Country Club

The Indiana Society of Medical Service Representatives will hold its annual 500 Preview Open Golf Tournament Wednesday, May 20, at the Ulen Country Club, Lebanon.

All members of ISMA are invited to attend. Reservations may be made any time after April 15 by calling or writing the Marion County Medical Society, 211 N. Delaware, Indianapolis. Tee time will be from 8 a.m. to 3 p.m. and registrants are asked to indicate a tee time preference and if they desire a golf cart.

Prizes will be awarded; Calcutta and Banker's Handicap will be paid. All proceeds from the tournament will be applied to the scholarship fund for medical students.

Interim Executive Committee Named For I.U. Department of Medicine

An interim executive committee has been appointed by Dr. Glenn W. Irwin Jr., Dean of the Indiana University-Purdue University at Indianapolis School of Medicine, to administer the school's Department of Medicine.

The committee will serve until the appointment of a chairman to succeed the late Dr. John B. Hickam. Dr. Hickam, one of America's outstanding medical educators, died Feb. 9 in Chicago, where he had been scheduled to address a major national conference on medical education.

The department of medicine, the most important department in any medical school, is deeply involved in several major school of medicine projects: the development and implementation of a new curriculum, a new statewide clinical education program for senior medical students, and a new service and education affiliation with Marion County General Hospital.

The chairman of the interim executive committee is Dr. Joseph C. Ross, a professor of medicine who has been a member of the school of medicine faculty since 1960.

Dr. Ross will be assisted by Dr. Roy H. Behnke, professor of medicine, Dr. Raymond E. Murray, professor of medicine (Dr. Murray is also responsible for health services programs in the Indianapolis Model Cities Project), and Dr. Charles E. Test, professor of medicine.

Speaks at Workshop

Dr. William Boaz, Wabash County Coroner, lectured recently at a special Nursing Education Workshop at Honeywell Center in Wabash. An estimated 200 nurses attended the workshop, the first of its kind in the nation.

Dr. Hammond Elected

Dr. R. Case Hammond, Evansville, has been elected a director-at-large of the Evansville Chamber of Commerce.

Answers Questions

Dr. R. James Bills, Gary, answered questions after a film on "Breast Self-Examination" was shown at the Methodist Hospital of Gary recently. Each lady who went to see the film was examined by a volunteer physician of the Lake County area.

Narcotics Discussion

Dr. Robert Greene, Rensselaer, presented the medical aspects of narcotics usage at a recent meeting of the Middle School Science Club of that city. The chief of police and a minister also appeared on the panel with Dr. Greene.

Special Speaker

Dr. Boyd A. Burkhardt, Tipton, was guest speaker at a recent meeting of Weight Away TOPS there. He gave medical views on losing weight.

Staff Officers

Dr. Jerome Wait, Columbia City, has been named president of the Whitley County Hospital staff. **Dr. John Wilson** was named president-elect and **Dr. Park Huffman,** secretary-treasurer.

Hospital Posts Filled

Dr. Carl D. Martz, Indianapolis orthopedist, has been named chairman of the Marion County General Hospital's emergency facility, including the new trauma center.

University of Cincinnati Expands Freshman Medical Class

The University of Cincinnati is planning to expand its freshman medical class from 106 to 192. A new Medical Sciences Building is in the works and the enlargement of the student body may influence the size of the federal grant which is expected for the building. The federal grant which was originally set at $26 million may go as high as $32.5 million.

The state of Ohio is furnishing $17 million and private sources will raise the balance of $1.5 million. The Medical Sciences Building will be built next to and will communicate on several levels with the recently constructed Cincinnati General Hospital. A new Surgical Research Building, which will share some walls and utilities with the Medical Sciences Building, will be financed separately.

Dr. Millis Moderates

Dr. Samuel Millis, Crawfordsville general practitioner, moderated a psychiatric medical training workshop recently at Culver Hospital.

Dr. Schultheis Named

Dr. Richard L. Schultheis, Bloomington, has been elected a Fellow of the American College of Legal Medicine.

Physicians Speak to Lawyers

Five faculty members of the I.U. School of Medicine spoke at an Indiana Trial Lawyers Association seminar on courtroom medicine recently at Indianapolis. Speakers included: **Drs. Roy H. Behnke, James B. Wray, John H. Campbell, Robert F. Heimburger and William P. Fisher.** The discussion included medico-legal problems of back and neck injuries.

Dr. Stine Speaks

Dr. Marshall Stine, Bremen, participated in a panel discussion on "Operation Drug Alert" recently at the weekly Bremen Kiwanis meeting. The drug alert program was adopted by Kiwanis International for all Kiwanis clubs in 1970.

Speaks at Conference

Dr. Mark L. Dyken, Indianapolis, spoke recently at Evansville when St. Mary's Hospital and its department of medical education hosted a "stroke rehabilitation" conference for area doctors and nurses.

Wyeth Laboratories Donates Drugs and Formula to Nigeria

Wyeth Laboratories, through its International Division, has donated $10,000 worth of broad-spectrum antibiotics and infant feeding formula to Nigeria for relief of emergency conditions in the Biafran conflict.

Dr. Corcoran Speaks

Dr. Patrick J. V. Corcoran, Evansville, was the guest speaker at a recent meeting of the Evansville Area Hospital Administrators Council held in Jasper. Dr. Corcoran discussed current problems in the medical field and gave a report on the annual meeting of the AMA.

Named to Board

Dr. E. E. Shrock, Amboy, has been named to the Peru Trust Co. board of directors.

Health Officer

The New Albany-Floyd County Health Board has named **Dr. Donald R. LaFollette, New Albany,** as health officer. Dr. LaFollette has been serving as acting health officer since last November.

Physicians Honored

Long-term service certificates have been awarded to 13 Kokomo physicians who are members of the St. Joseph Memorial Hospital staff there. Those receiving awards this year were: For 30 years service—**Drs. Copeland C. Bowers, John A. Bowers, Theodore J. Bruegge, Thomas M. Conley;** for 25 years—**Dr. Garvey B. Bowers;** for 20 years—**Dr. Richard W. Halfast;** for 15 years—**Dr. Lee M. Cattell, Jr., George A. Kremers, Warren N. McClure, Tom W. Wachob;** for five years—**Richard N. Bowling, Norman K. Wilson, Normand T. Townley.**

Dr. Smith Speaks

Dr. Lloyd H. Smith, North Manchester, spoke on the topic of "Drugs" at a recent meeting of the Kiwanis club of that city.

Anatomy Speakers

Recent speakers for the anatomy lecture series of the Twelfth District Medical Assistants at Fort Wayne were: **Drs. Jack Gumbert, Thomas L. Herendeen, Alvin J. Haley and James Lorman.**

Dr. Pirkle Appointed

Dr. Hubert B. Pirkle, Rockville, has been appointed to a four-year term on the Parke County Board of Health.

Dr. Bowen Speaks

Dr. Otis Bowen, Bremen, spoke at a recent meeting of the Rochester Rotary Club on the legislative scene in Indiana.

Rep. E. Ross Adair Introduces Environmental Control Bills

Representative E. Ross Adair has introduced bills in Congress designed to attack problems of water pollution, air pollution, solid waste management, parklands and public recreation. He considers that these problems are so critical as to be essentially bi-partisan and therefore will receive favorable attention.

Dr. Kesim Speaks

Dr. M. H. Kesim, director of the Elkhart County Cystic Fibrosis Foundation, spoke on his recent trip to the International Cystic Fibrosis Conference in Cambridge, England, at a recent meeting of the Elkhart County unit.

Dr. Love Appointed

Dr. V. Logan Love, Fort Wayne, has been appointed medical director of Lincoln National Life Insurance Co. there.

Named to Board

Dr. Everett Bickers, New Albany, has been named to a two-year term on the Floyd County Board of Health.

Appointed to Committee

Dr. John R. Poncher, Valparaiso, has been appointed to the Committee on School Health of the American Academy of Pediatrics.

Continued

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American Board of Family Practice Conducts First Exam

The newly organized American Board of Family Practice conducted its first examination on February 28 and March 1.

Approximately 2000 family doctors took the examination in 36 examination centers, one of which was located at Indiana University Medical Center in Indianapolis. Dr. Lester Bibler, Indianapolis, is a director of the board and a member of its Credentials Committee.

Physician Reappointed

Dr. Roland Weitzel, Princeton, has been reappointed county physician by the Gibson county board of commissioners.

Dr. Brennan on Panel

Dr. William Brennan, Whiting, moderated a panel on "Medical and Surgical Management of Peptic Ulcer" recently at a symposium sponsored by the Medical Education Committee of the St. Catherine Hospital Professional Medical Staff at East Chicago.

Physician Named

Dr. Abelardo Vergara, Highland, has been named physician for the Lake County Home by the Lake County Commissioners. **Dr. A. A. Agana, Gary,** was named staff physician for the Lake County Convalescent Home. In other action, the commissioners reappointed **Dr. William N. Horst, Crown Point,** to a four-year term on the county health board.

Writes Series

Dr. Cyrus Moayad, Valparaiso, recently wrote a series of six articles on "lost cities of the world" for the *Valparaiso Vidette-Messenger.* Dr. Moayad has visited the "lost cities" and wrote the articles at the request of the newspaper.

"Wanted: Medical Technologists" Latest Public Affairs Pamphlet

"Wanted: Medical Technologists" is the title of the latest Public Affairs pamphlet. This 20-page booklet outlines the duties and explains the challenges and satisfactions of a medical technologist.

In the next five years this country will require 70,000 additional technologists. The pamphlet will help interest young people in this career. Single copies are 25 cents, with discounts in quantity. Write Public Affairs Committee, 381 Park Avenue South, New York City 10016.

Speaks at Meeting

Dr. Fouad Halaby, Fort Wayne radiologist, spoke on the topic of "Isotopes" at a recent meeting of the Fort Wayne Industrial Nurses Association.

The Aged and Aging is Topic

Dr. N. L. Salon, Fort Wayne, spoke recently at a Fort Wayne Quest Club luncheon on the aging and the aged. Title of his talk was "Every Tenth American," so named because over one-tenth of all Americans are 65 or older.

Physicians Appointed

Dr. William A. Ringer, Williamsport and Dr. Lindley H. Wagner, Lafayette, have been appointed to the Regional Advisory Group of the Indiana Regional Medical Program.

New VA Medical Director

Dr. Marc J. Musser, a native of Terre Haute, recently became the Chief Medical Director of the Veterans Administration. Dr. Musser, a graduate of the University of Wisconsin Medical School in 1934, has had a long career in the VA and the United States Army, and was most recently Director of the North Carolina Regional Medical Program.

Continued

AWARDED the Army's Outstanding Civilian Service Awards at Fort Harrison recently were three Indianapolis doctors who have given untold hours of service as consultants at the U.S. Army Hospital there. Honored were Dr. Robert W. Harger, ophthalmologist; Dr. Gordon T. Brown, psychiatrist; and Dr. Harry G. Becker, surgeon—all of St. Vincent's Hospital staff, who have served more than 25 total years among them at the Fort. Lt. Col. Robert Hille, Executive Officer of the USA Hospital made the presentation on behalf of Lt. Gen. Vernon P. Mock, Commanding General, 5th U. S. Army. (U. S. Army Photo-Fred Cox).

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NEWS NOTES

Continued

Dr. Baker Named

Dr. Eldon Baker, Delphi, has been elected to serve another year on the board of directors of the Carroll County Association for Retarded Children.

Dr. Griffin Speaks

Dr. Charles Griffin, Valparaiso, spoke on the Pap smear and discussed two films on cancer which were shown at a recent meeting of the Porter Memorial Hospital Guild at Valparaiso.

Dr. Scamahorn Honored

Employees of Hendricks County Hospital honored **Dr. M. O. Scamahorn, Pittsboro,** recently at a reception in the hospital cafeteria. More than 100 employees were present when Dr. Scamahorn was presented with a framed picture of the hospital and the signatures of over 300 of the hospital's employees. The reception was in honor of his recent election as president-elect of ISMA.

New Edition of "Radiology and Health" Now Available to Physicians

A new edition of "Radiology & Health," a booklet explaining various phases of medical radiography, has been published by the Du Pont Company.

This publication provides the general public with a deeper insight into the role of the radiologist and appreciation of his contribution to the medical profession.

The booklet is available from Du Pont x-ray technical representatives.

Hosts GP Club

The Hendricks County Medical Society played host to the GP Club at the Hendricks County Hospital recently. "A Community Hospital and Its Privileges" was the topic of the program and speakers included: **Drs. Jack E. Shields, Brownstown; Warren Bergwall, Muncie** and **Joseph Kerlin, Danville.**

Science Fairs Open Recruitment Gates to Medical Associations

The House of Delegates of the AMA continues to urge each state and county medical association to give interest, counsel and support to the science clubs and fairs in the high schools of their communities. A good many societies give awards to students with exhibits in the basic medical science at these annual fairs to encourage consideration of careers in medicine.

Since 1956, the AMA has participated in the International Science Fair, at which more than 400 finalists from regional and state fairs compete for top honors. The AMA hosts the "Health Awards Banquet," presents citations, and invites the two winners of its choice to the AMA Annual Convention as exhibitors in the Scientific Exhibit. Many finalists each year at the Fair are given financial assistance for the trip by their local or state medical societies.

The 21st International Science Fair will be held in Baltimore, Md., May 10-15. Most finalists at the Fair are from local fairs usually held in February, March or April; consequently, the time to offer the profession's assistance is *now.*

New Staff Officers

Dr. Paul F. Muller has been re-elected president of St. Vincent's Hospital medical staff at Indianapolis. Also re-elected were **Drs. Charles J. Van Tassel, Jr., vice president** and **John M. Tondra, secretary-treasurer.** ◄

I.U. School of Medicine Postgraduate Courses (Division of Postgraduate Medical Education)

DATE	COURSE TITLE	LOCATION	COURSE DIRECTOR
April 22, 1970	*Rehabilitation in Respiratory Insufficiency	Marion County General Hospital	Dr. Popplewell
May 6-7, 1970	5th Annual Indiana Multidisciplinary Child Care Conference	Stouffer's Inn	Dr. M. Green
May 20, 1970	Orthopaedics for the General Practitioner	I. U. M. C.	Dr. J. Wray
May 27, 1970	Psychiatry in Everyday Practice	Madison, Indiana	Dr. O. McAtee
By Arrangement	Seminar — Psychiatry in General Medicine	I. U. M. C.	Dr. T. Overley
By Arrangement	Supervised Psychotherapy	I. U. M. C.	Dr. T. Overley

* Co-sponsored by the Indiana Regional Medical Program.

FUTURE MEETINGS, SEMINARS, COURSES

Special Program on Allied Medical Help in the Future Delivery of Health Care

The Commission on Voluntary Health Agencies of the Indiana State Medical Association in cooperation with the Indiana Public Health Association will present a special program on The Place of Allied Medical Help in the Future Delivery of Health Care at 9:30 a.m. Thursday, April 23 at Stouffer's Inn, Indianapolis.

Subjects to be discussed are, "Studies on More Effective Utilization of Physician's Time—A New Program at Indiana University;" "Taking the Horse and Buggy Out of Rural Health Care;" and "New Concepts in the Utilization of Allied Health Personnel." *ISMA members are urged to attend.*

American Society of Clinical Hypnosis Sets Educational Workshop

The American Society of Clinical Hypnosis will conduct an Education and Research Foundation Workshop at the Knickerbocker Hotel in Chicago on May 15, 16 and 17. Full particulars are available by writing the society at 800 Washington Ave., S. E., Minneapolis 55414.

Sixth Annual Symposium on Rheumatic Diseases April 23

The Sixth Annual Symposium on Rheumatic Diseases will be held April 23 at the Rankin Amphitheatre of the Louisville General Hospital. Co-sponsors are the University of Louisville School of Medicine and the Kentucky Chapter of the Arthritis Foundation.

For further information contact: Kentucky Arthritis Foundation, 1381 Bardstown Rd., Louisville, Ky. 40204.

Postgraduate Trauma Course To be Held in Chicago May 13-16

A Postgraduate Trauma Course will be held in Chicago at the John B. Murphy Auditorium, 50 E. Erie St., on May 13 to 16. It is conducted by the Chicago Committee on Trauma of the American College of Surgeons. All interested physicians are eligible to attend.

The program is acceptable for 24½ elective hours by the American Academy of General Practice. The fee is $100. Residents and interns are admitted free upon presentation of a proper letter of authorization.

Registration should be accomplished beforehand by writing Dr. James P. Ahstrom, 55 E. Erie St., Chicago 60611. Non-scientific activities include luncheons at the Kungsholm, a cocktail party at the Drake Hotel and an evening program of selected medical movies.

University of Kentucky Lists Postgraduate Course, Symposium

The University of Kentucky will conduct a postgraduate course on "Current Progress in Respiratory Therapy" at Lexington on April 17 and 18. The fee is $25.

The university will conduct a symposium on gastrointestinal disease on May 8 and 9, also in Lexington. Guest lecturers are Dr. Robert Zollinger of Columbus, Ohio and Dr. Stephen Wangensteen of the University of Virginia. The fee is $40. Write Dr. Frank Lemon, University of Kentucky, Lexington 40506, for further information.

Postgraduate Courses Listed By Cleveland Clinic Foundation

A course on "Progress in Cardiovascular Disease" will be conducted May 6 and 7 at the Cleveland Clinic Foundation. "Advances in Dermatology" will be offered May 21 and 22 by the foundation.

Further information and programs may be obtained by writing to the Director of Education, The Cleveland Clinic Educational Foundation, 2020 E. 93rd St., Cleveland 44106.

Institute for Sex Research Summer Program in Human Sexuality

The Institute for Sex Research of Indiana University will hold a summer program in Human Sexuality July 19-31 at Bloomington.

The program will include a general lecture course in human sexuality, the use of task groups to promote awareness of sexual attitudes and their role in sex education and counseling, and a workshop in technics of sex education.

A special medical tract has been set up for physicians and those attending will receive actual clock hours of attendance as prescribed hours from the Indiana Academy of General Practice.

For further information, write to Summer Program, Institute for Sex Research, Bloomington 47401. Registration ends May 15.

"Drug Therapy in Control of High Blood Pressure" Program in Muncie

A regional scientific program on "Drug Therapy in Control of High Blood Pressure" will be given May 6 at Cleo Rogers Memorial Library, Columbus. The program is co-sponsored by the Indiana Heart Association, the East Central Indiana Heart Association and the Indiana Academy of General Practice.

The afternoon program, from 1 to 5 p.m., will feature the following speakers: Drs. William R. Storer, Indianapolis, "Diagnosis of Hypertension"; B. L. Martz, Indianapolis, "Pharmacology of Hypertensive Drugs"; and Albert A. Brust, Dayton, "Management of Hypertension."

The program is approved for 4 prescribed hours by the Indiana Academy of General Practice.

Interested physicians should contact David Livengood, Indiana Heart Association, 615 N. Alabama St., Indianapolis 46204.

Flying Physicians to Meet in Vancouver, B.C., in August

The Flying Physicians Association will hold its 16th annual meeting, its first outside the United States, in Vancouver, British Columbia, on August 23 to 28. The Bayshore Inn will be headquarters. Between 700 and 900 persons are expected to attend.

Facilities will be ready for more than 200 aircraft. The association, which had 700 members in 1955, now has over 2200. Doctors

Continued

from all over the world belong—all members must hold valid pilot certificates and must belong to a medical society which is approved by the association's directors.

Indiana Physicians to Speak at Boerhaave Postgraduate Course

Drs. Carl B. Sputh and Sydney L. Stevens, Indianapolis, will be members of specialist faculty of the Boerhaave Postgraduate Course in "Functional Corrective Surgery of the Nasal Septum and External Pyramid" which will be conducted at Leiden University in Leiden, Holland, August 30 to September 9.

The official language is English. More than thirty distinguished specialists will participate. Course membership is limited. For full information and application forms write to J. Stelling, M.D., Afd. K.N.O., Academisch Ziekenhuis, Leiden, Holland.

VA Announces "Care of Spinal Cord Injury Patients" Course

The VA's fourth postgraduate course in the "Care of Spinal Cord Injury Patients" will be held in the VA Hospital at Long Beach, California, on May 18 to 22.

Applications should be submitted to Director, Spinal Cord Injury Staff, 810 Vermont Ave., N.W., Washington, D.C. 20420.

Annual Otolaryngologic Assembly Set for September 19-25

The Annual Otolaryngologic Assembly of 1970 will be held September 19 through 25 in the Eye and Ear Infirmary of the University of Illinois Hospital. The Department of Otolaryngology, College of Medicine, University of Illinois at the Medical Center, offers a condensed postgraduate basic and clinical program for practicing otolaryngologists under the direction of Doctor Emanuel M. Skolnik. It is designed to bring to specialists current information in medical and surgical otorhinolaryngology.

A separate, but correlated course "Conference on Radiology in Otolaryngology and Ophthalmology" will be held this year on November 27 and 28, under the guidance of Doctor Galdino E. Valvassori. For further information about the radiology conference, write to Professor Valvassori, Radiology Department, College of Medicine.

Interested otolaryngologists should direct their inquiries to the mailing address: Otolaryngology, P.O. Box 6998, Chicago, Illinois 60680.

Luncheon Seminar on Cryosurgical Procedures in EENT Set for October 4

A luncheon seminar on cryosurgical procedures in EENT will be held on Sunday, October 4, at the Dunes Hotel, Las Vegas, immediately preceding the October 5 meeting of the American Academy of Ophthalmology and Otolaryngology.

Several papers will be read covering cryosurgery for the eye and for the ear, nose and throat. For full information write Secretary, Society for Cryosurgery, 30 N. Michigan Ave., Chicago 60602.

Educational Course Announced on Clinical Electroencephalography

A continuation course on "Current Practice of Clinical Electroencephalography" will be held September 14-16 in Washington, D. C. The course is designed to review the principal applications of the EEG to clinical medical practice, and is sponsored by the American Electroencephalographic Society.

Inquiries about further details of the course or registration procedure should be addressed to Dr. Donald W. Klass, EEG Course Director, Mayo Clinic, Rochester, Minnesota 55901.

Ninth National Conference on Therapies for Advanced Cancers

The Ninth National Conference on Therapies for Advanced Cancers will be held at the University of Wisconsin Postgraduate Center on August 20 to 22. For information write Dr. R. J. Samp, University Hospitals, Madison, Wisconsin 53706.

Ninth Annual Seminar on Cancer and Diseases of Breast May 14-16

The Ninth Annual Seminar on Cancer and Diseases of the Breast will be held in Denver at the Brown Palace Hotel on May 14 to 16.

Surgeons, radiologists, pathologists, teachers, residents and technologists who are interested in diagnosis and management of early breast cancer are invited to attend. A faculty of more than sixty physicians will participate in the program.

Those interested in attending should write to Dr. Wendell P. Stampfli, St. Luke's Hospital, Denver, Colorado.

40th Annual Tri-State Hospital Assembly Will be May 4-6 in Chicago

The 40th Annual Tri-State Hospital Assembly will meet at the Palmer House, Chicago, May 4 to 6.

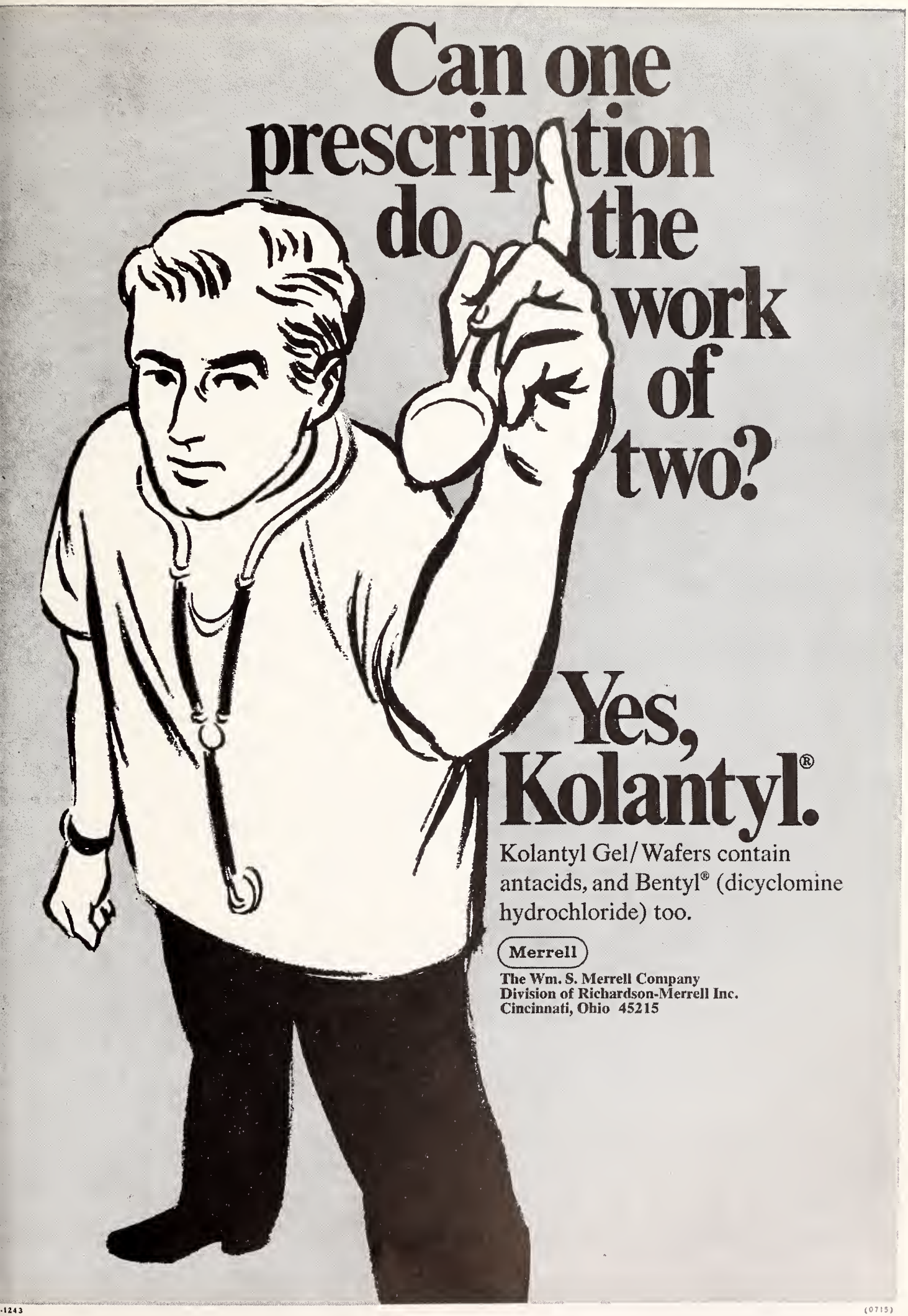
The program will be in charge of 27 educational conference chairmen, each representing an important in-hospital function. Indiana will be well represented.

For complete details and copies of program write the Assembly at 400 N. Michigan Ave., Chicago 60611.

Three-Week Summer Course in Research Instrumentation in New York

A three-week summer course in Research Instrumentation will be conducted at Polytechnic Institute of Brooklyn for those who need a working knowledge of electronic instrumentation as applied to problems in research. This includes members of the medical profession who are interested.

The course will be held from July 25 to August 15 on the downtown Brooklyn campus at 333 Jay St. The tuition of $550 covers all laboratory fees, textbooks and special notes. Write Prof. Kenneth Jolls, 333 Jay St., Brooklyn, New York 11201.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County, District News

DeKalb

The 1970 officers of the DeKalb County Medical Society will be: Drs. Charles Weirich, Butler, president, and Clifford Shultz, Butler, secretary-treasurer.

Elkhart

The Elkhart County Medical Society met Feb. 5 with their wives and revived the 1920's in a feature called "Our View of the Timeless Twenties" or "Full Speed Behind."

Fort Wayne

Dr. Robert I. Jaslow, Bethesda, Maryland, spoke on "New Methods and Treatment in Caring for the Retarded Child in the Home" at the Feb. 3 meeting of the Fort Wayne County Medical Society. Dr. Jaslow is director of the Division of Mental Retardation at Bethesda.

Hancock

Speakers at the Feb. 23 meeting of the Hancock County Medical Society were Drs. Paul Waitt and Stephen Smith who spoke on "Experiences in Vietnam" and "Problems of the Eighth District Medical Society," respectively.

Harrison-Crawford

Dr. Richard A. Jordan, Corydon, is the new president and Dr. Louis Blessinger, Corydon, the new secretary-treasurer of the Harrison-Crawford County Medical Society.

Howard

Dr. John Glover, Indianapolis, spoke on "Kidney Transplants" at the Feb. 3 meeting of the Howard County Medical Society.

Huntington

"Office Gynecology" was the topic chosen by Dr. E. H. Lampe, Fort Wayne, when he spoke at the Feb. 10 meeting of the Huntington County Medical Society.

Jay

Dr. Richard Ingram, Montpelier, Eighth District Trustee, spoke at the Feb. 4 meeting of the Jay County Medical Society.

Johnson

The Johnson County Medical Society met Feb. 11 in Greenwood. Twenty-two members were present and wives were in attendance as guests of the society.

Lake

Dr. Leonard W. Neal, Munster, has been installed as president of the Lake County Medical Society. Dr. J. J. Reed is president-elect and Dr. Reginald Barton, Gary, is serving his fourth year as secretary-treasurer.

LaPorte

Speaker at the Feb. 17 meeting of the LaPorte County Medical Society was Dr. Jack Hannah, Elkhart. He spoke on "Malpractice Insurance."

Montgomery

Norm Swanson and Art Beck spoke on "The Professional Corporation" at the Feb. 19 meeting of the Montgomery County Medical Society. Twenty-three members of the society attended.

Newton

Howard Grindstaff, field secretary, spoke at the Feb. 11 meeting of the Newton County Medical Society on Medicaid and urged attendance at the special meeting of the House of Delegates.

Noble

The Noble County Medical Society has elected the following as 1970 officers: Drs. William E. Fitzkee, Albion, president; Robert Stone, Ligonier, vice president and Joseph Greenlee, Kendallville, secretary-treasurer.

Scott

New officers of the Scott County Medical Society are: Drs. J. C. Bacala, president and I. B. Castro, Jr., Scottsburg, secretary-treasurer.

Tippecanoe

Herbert Dixon, of Blue Shield, discussed "Medicaid" at the Feb. 10 meeting of the Tippecanoe County Medical Society. Thirty-one members attended the meeting.

Vigo

New president of the Vigo County Medical Society is Dr. Paul Siebenmorgen, Terre Haute. Dr. Edward M. Johnson, Terre Haute, was re-elected secretary-treasurer.

Washington

Dr. C. Stanley Manship, Hardinsburg, is the new president and Dr. Thomas K. Tower, Campbellsburg, the new secretary-treasurer of the Washington County Medical Society.

Wayne-Union

Dr. John F. Ling, Richmond, has been elected president of the Wayne-Union County Medical Society. Dr. John Dehner, Richmond, was re-elected secretary-treasurer.

Wells

The Wells County Medical Society met Feb. 16 to finalize plans for the Spring Basic Science Lecture which was to be given March 17. Dr. Charles Fisch, Indianapolis, was invited to speak. ◄

Association News

EXECUTIVE COMMITTEE

February 6, 1970

The meeting convened at 6:00 p.m. at the Palmer House, Chicago, Illinois with Donald M. Kerr, M.D., chairman, presiding.

Present: Donald M. Kerr, M.D., chairman; Burton E. Kintner, M.D., Lowell H. Steen, M.D., Malcolm O. Scamahorn, M.D., Peter R. Petrich, M.D., Lester H. Hoyt, M.D., Hugh K. Thatcher, M.D., Frank B. Ramsey, M.D., and James A. Waggener.

MINUTES OF THE MEETING held January 9, 1970 were approved on motion of Drs. Petrich and Steen.

MEMBERSHIP REPORT as of January 31, 1970 was approved by consent.

Number of members as of December 31, 1969	4,482
1970 members as of January 31, 1970:	
Full dues paying	2,717
Residents and interns	47
Board remitted	40
Senior	348
Honorary	3
Military	35
Total 1970 members as of January 31, 1970	3,190
Total 1969 members as of January 31, 1969	2,861
Number of AMA members as of Dec. 31, 1969	4,330
1970 AMA members as of January 31, 1970	2,632 full dues paying
Number who have paid state dues but not AMA dues as of January 31, 1970	85
Number who paid state dues but not AMA dues as of December 31, 1969	152

Headquarters Office

CORRESPONDENCE BETWEEN ISMA AND PHARMACEUTICAL MANUFACTURERS ASSOCIATION — Correspondence between the Executive Secretary and the Pharmaceutical Manufacturers Association concerning dispensing of drugs by physicians was reviewed for information of the committee.

REPORT ON CHAMPUS VOLUME—The Executive Secretary reported that the volume of the CHAMPUS program was now over $1,000,000 per year.

LETTER, INDIANAPOLIS CONVENTION BUREAU—A letter from the Indianapolis Convention and Visitors Bureau concerning the possibility of inviting the AMA to hold its 1975 Clinical Session in Indianapolis was read. On motion of Drs. Steen and Hoyt, this is to be referred to the Board of Trustees with the recommendation that such an invitation be extended.

EXECUTIVE SECRETARIES MEETING REPORT—The secretary reported on the recent meeting of the Executive Secretaries which had been called by the American Medical Association.

LETTER FROM DEARBORN-OHIO SOCIETY—A letter from the Dearborn-Ohio County Medical Society was read and on motion of Dr. Steen the secretary was instructed to write a note of thanks to the county society for their comments.

REQUEST OF SAMA CHAPTER—The president reported on a request of the Indiana Chapter of SAMA to hold a meeting in the headquarters building and that he had given permission. On motion of Drs. Kerr and Kintner, it was voted to approve Dr. Steen's arrangements.

Treasurer's Office

The treasurer gave a report on the income and expense statement for January, 1970; the cash and securities report, and investments. The report was approved on motion of Drs. Hoyt and Steen.

Organization Matters

SPECIAL MEETING HOUSE OF DELEGATES—The president reported he had called a special meeting of the House of Delegates for March 15 and recommended that the meeting be held at the Indianapolis Hilton. The recommendation was approved on motion of Drs. Steen and Petrich.

LETTER FROM SENATOR HARTKE—A letter from Senator Hartke concerning the Emergency Medical Sign Program was read for the information of the committee.

LETTER FROM DR. CARL D. MARTZ—A letter from Dr. Carl D. Martz seeking the cooperation of the state association in the Governor's Commission on Emergency Services for the state of Indiana was read for the information of the committee.

GRANT TO INDIANA REGIONAL MEDICAL PROGRAM — Information concerning a grant made by the federal government to the Indiana Regional Medical Program was reviewed for the information of the committee.

ACTION OF NATIONAL ASSN. OF BLUE SHIELD PLANS—A report of the action of the National Association of Blue Shield Plans was reviewed for the information of the committee and the secretary is requested to send copies to the members of the Executive Committee.

LETTERS OF APPOINTMENT, STATE BOARD OF HEALTH—Letters from Dr. A.C. Offutt concerning the appointment of Dr. Joseph F. Ferrara of Franklin for a two year period to the Advisory Hospital and Health Facilities Planning Council and a like appointment of Dr. G. O. Larson of LaPorte to the same council were read.

LETTER FROM DR. JOSEPH F. THOMPSON—A letter from Dr. Joseph F. Thompson requesting use of the mailing list for making a survey by the Maternal and Child Health Task Force was approved on motion of Drs. Scamahorn and Petrich.

CEREBRAL PALSY OF INDIANA—A letter from the United Cerebral Palsy of Indiana, Inc., concerning a public education program that they propose to conduct concerning the rubella vaccine, together with a letter from the Commission on Voluntary Health Agencies, was read and on motion of Drs. Petrich and Steen, the association approved their program as outlined.

REQUEST FOR LEGAL OPINION—A request of the Commission on Voluntary Health Agencies and the Commission on Public Information that the association seek legal opinion concerning wording and distribution of placards concerning agencies recognized by the association was approved on motion of Drs. Steen and Scamahorn.

LETTER FROM GLENDALE MERCHANTS ASSOCIATION—A letter from the Glendale Merchants Association concerning a proposed "Spring Tonic Health Check Program" was reviewed and on motion of Drs. Steen and Kintner, this is to be referred to the Marion County Medical Society for any action they might care to take.

LETTER FROM J. RUSSELL TOWNSEND—A letter from J. Russell Townsend concerning a brochure they intended to put out announcing the increased income limits of their disability program was referred to the Commission on Medical Economics and Insurance on motion of Drs. Steen and Petrich.

K. O. NEUMANN-BLUE SHIELD CORRESPONDENCE — Correspondence between Dr. K. O. Neumann and the Blue Shield Plan was reviewed for the information of the committee.

LETTER FROM VIGO COUNTY MEDICAL SOCIETY—A letter from the Vigo County Medical Society was read and on motion of Dr. Steen and taken by consent, the secretary was instructed to write a letter of commendation to the county society for their constructive criticism and deferred any action pending the

special meeting of the House of Delegates on March 15.

LETTER FROM AMA REGIONAL MEDICAL SCIENCES—A letter from the AMA concerning Regional Medical Science Programs to be conducted in several schools over the state of Indiana was approved on motion of Drs. Steen and Petrich and the secretary is requested to notify all county societies involved in the program.

ANNOUNCEMENT FROM INDIANA UNIVERSITY — An announcement from Indiana University concerning the operation of instructional television was reviewed for the information of the committee.

COMMISSION ON CONVENTION ARRANGEMENTS—The program report of the Commission on Convention Arrangements was reviewed for the information of the committee.

LETTER AMA-ERF—A letter from the AMA concerning the Education and Research Foundation plans to concentrate its fund raising efforts on the solicitation and gathering of funds for the Medical School Fund project was reviewed for the information of the committee.

MEMO FROM G. O. LARSON—A memo from Dr. G. O. Larson, chairman of the State Advisory Comprehensive Health Planning Council, was reviewed for the information of the committee.

MINUTES — COMMISSION ON PUBLIC INFORMATION—The minutes of the Commission on Public Information making a request for a survey of physicians and the distribution of a placard to all physicians was referred by consent to the Board of Trustees.

LETTER FROM DR. EDWARD TYLER—A letter from Dr. Edward A. Tyler expressing his opinion of the Himler Report was read and by motion of Drs. Steen and Hoyt, this is to be referred to the Board of Trustees with the recommendation that the chairman of the Board appoint an Ad Hoc Committee consisting of three or more members from the Board to study and produce a report to the Board of Trustees for possible action by the association at the June meeting of the AMA.

LETTER FROM NEW ALBANY PHYSICIAN—A letter from a physician in New Albany concerning a problem regarding hospital privileges was reviewed and on motion of Drs. Petrich and Scamahorn, the physician is to proceed with whatever action he deems necessary at the local level as this is not a matter concerning the Indiana State Medical Association.

RESOLUTION FROM DR. JACK HICKMAN—A resolution from Dr. Jack Hickman for possible presentation to the AMA asking that a program be formulated to decrease the number of approved residencies by roughly three-fourths was reviewed and on motion of Dr. Petrich and taken by consent, this is to be referred to the House of Delegates at the 1970 annual session.

Legal Matters

THE STATEMENT FOR LEGAL SERVICES for a three months period was approved by consent and the secretary was instructed to send a copy of the bill to the Fulton County Medical Society for their information.

New Business

CHAMPUS CONTRACT—The secretary presented a contract for extension of the CHAMPUS contract between the government and the association and the president was authorized to sign on motion of Drs. Petrich and Hoyt.

DISTRICT NOTICE CHARGE—The question of a charge being made to a district in the amount of $8.10 was ordered cancelled on motion of Drs. Steen and Kintner.

LETTER FROM MIAMI COUNTY PHYSICIAN—The president commented on a letter which had been received from a physician in Miami County and this was to be discussed later in the Board of Trustees meeting.

PAYROLL PROCEDURE—The secretary reported on his findings concerning turning the payroll of the association over to a bank for computerized preparation and submitted proposals of the Indiana National Bank and the Merchants Bank. On motion of Drs. Steen and Petrich, the Merchants Bank is to be employed to handle this accounting procedure.

HOOSIER TEEN HEALTH HAPPENING—The outline of the program for the Hoosier Teen Health Happening scheduled for April 23 and 24 and the proposed budget for same were reviewed and the executive secretary was instructed to again discuss this with the staff in order to reduce the proposed budget.

The Journal

REQUEST FOR SPACE—Request for space for a Silver Shield Plan of St. Louis Park, Minnesota was turned down on motion of Drs. Scamahorn and Petrich.

The request for advertising space by the Casualty Indemnity Exchange was reviewed together with their financial statement and the request was denied on motion of Drs. Scamahorn and Steen.

Future Meetings

The Indiana Public Health Association meeting on February 25 in Indianapolis was taken as a matter of information.

The notice of the meeting of the Commission for the Handicapped program to be held at McCormick's Creek State Park on March 3 and 4—on motion of Dr. Petrich and taken by consent, no representative will be sent.

Announcement of the AMA Conference on Maternal and Child Care to be held in Chicago on March 6 and 7—Dr. Steen will represent the association at this meeting.

Announcement of the AMA Regional Workshop on Medicine and Religion to be held on March 7 in Chicago—Dr. Kintner was authorized to represent the association on motion of Drs. Steen and Petrich.

The secretary then reported on the arrangements for the Congressional visit and the trip to Florida.

There being no further business the Executive Committee adjourned to meet again upon call of the chairman. ◄

COMMERCIAL ANNOUNCEMENTS

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FOR SALE: Modern office building and equipment including x-ray, dark room, examining room, Diathermy, Ultrasound, Hydrotherapy, complete laboratory. Separate consultation room and adequate waiting room and business office. For immediate occupancy. No parking problem. L. Mason Lyons, M.D., 59 South 18th Street, Terre Haute, Indiana 47807, 812-232-8867.

WANTED: G.P. to associate with 34-year-old G.P. in West Central Indiana. Brand new clinic facilities; financial remuneration excellent. Write to J. Franklin Swaim, M.D., P.O. Box 185, Rockville, Indiana 47872. Telephone: 812-569-3182.

PHYSICIANS: To fill immediate vacancies. Two positions available in program of medical review, nursing evaluation and level of care determination in certified health facilities. Salary range $22,258 to $29,023 depending on qualifications. All Michigan civil service benefits, including an outstanding state contributory insurance program, excellent retirement plan, longevity bonus, unlimited opportunities for personal advancement, and liberal vacation and sick leave allowance, plus social security. Must have current license to practice medicine or osteopathic medicine in Michigan and five years of professional experience as a practicing physician preferably in general practice, internal medicine, geriatrics, public health or medical care administration. Send resume' to Mr. Richard D. Crable, Chief, Recruitment and Placement, Michigan Department of Civil Service, Lansing, Michigan 48913. An equal opportunity employer.

WANTED: G. P. to take over established practice in Johnson County, 15 miles south of Indianapolis. Leaving for residency. New hospital in area with open staff and physician coverage in E. R. on holidays and weekends. Time off traded with two other G. P.'s in area. Ideal opportunity for single G. P. or two G. P.'s for group practice. 6,000 population, with no other M.D. in community. Contact George Bullington, M.D., Whiteland, 535-7558 or 736-5346.

PSYCHIATRIC RESIDENCIES: We offer nothing but excellent psychiatric training in a stimulating, well-organized program located in a culturally advantaged community. Approved psychiatric training. Traverse City State Hospital, Michigan Department of Mental Health. Three and five year programs. Salary, 3 year programs: $10,669; $11,191; $12,131. 5 year program: $12,152; $14,031; $16,328; $21,944; $23,093. NIMH-GP stipends available. Located in Michigan's serene, scenic recreation area on Grand Traverse Bay. Contact Dr. Paul E. Kauffman, Director of Training, Traverse City State Hospital, Traverse City, Michigan 49684. An equal opportunity employer.

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LOCUM TENENS NEEDED for June, July and August, or any part thereof. Cover E. R., also some inpatient and relieve in physician's office. Consider intern or resident between program or awaiting military service. Fee open. Contact Administrator, Gibson General Hospital, 1808 Sherman Drive, Princeton, Indiana 47570 (812) 385-3401.

MONTEGO BAY JAMAICA: Three bedroom, three bath villa; three servants; swimming pool; private beach; competitive rent. Nearby golf, fishing, etc. 10% off national advertised rent for ISMA members. Inquire for details: D. F. Buehner, M.D., 3700 Bellemeade, Evansville, Ind. 47715.

WANTED: G. P. to associate with a busy G. P.-Surgeon. Foreign graduate with Indiana license welcome. Contact Ramesh S. Carpenter, Garrett, Indiana 46738.
Tel. (219) 357-4422.

ASSOCIATION DESIRED: 33-year-old G.P. with one year residency in internal medicine; two years U.S. Public Health Service and five years solo practice, including obstetrics, desires association with one or more general practitioners. Write Box 359, The Journal, Indiana State Medical Association, 3935 N. Meridian St., Indianapolis 46208.

IMMEDIATE OPENING: Internist or general practitioner to join six man multi-specialty group in northeastern Wisconsin. Excellent professional opportunity to practice in a friendly community, only two actively practicing physicians (general practitioners) in the community outside of our clinic. Salary commensurate with training and experience first year and then full partnership. Ideal, safe small city living for the family on scenic Lake Michigan with excellent fishing, boating and hunting. All this and still only 1½ hours drive to Milwaukee or 45 minutes to Green Bay or lovely Door County. For complete details contact Robert E. Myers, M.D., Garfield at 23rd, Two Rivers, Wisconsin 54241.

NOTICE

Commercial announcements are carried in the Journal as a special service to ISMA members. Only advertisements considered to be of advantage to members by the Journal editorial board will be accepted. Those of a truly commercial nature (i.e., firms selling brand products, services, etc.) will be considered for display type advertising.

Charges for commercial announcements are:
First four lines: $3.00
each additional line: 50¢

Send cash with order. Average count: seven words to the line.

DEADLINE: Fifth day of month PRECEDING month of issue.

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The JOURNAL OF THE INDIANA STATE MEDICAL ASSOCIATION

Indianapolis, Indiana
Vol. 63 • No. 5
May, 1970

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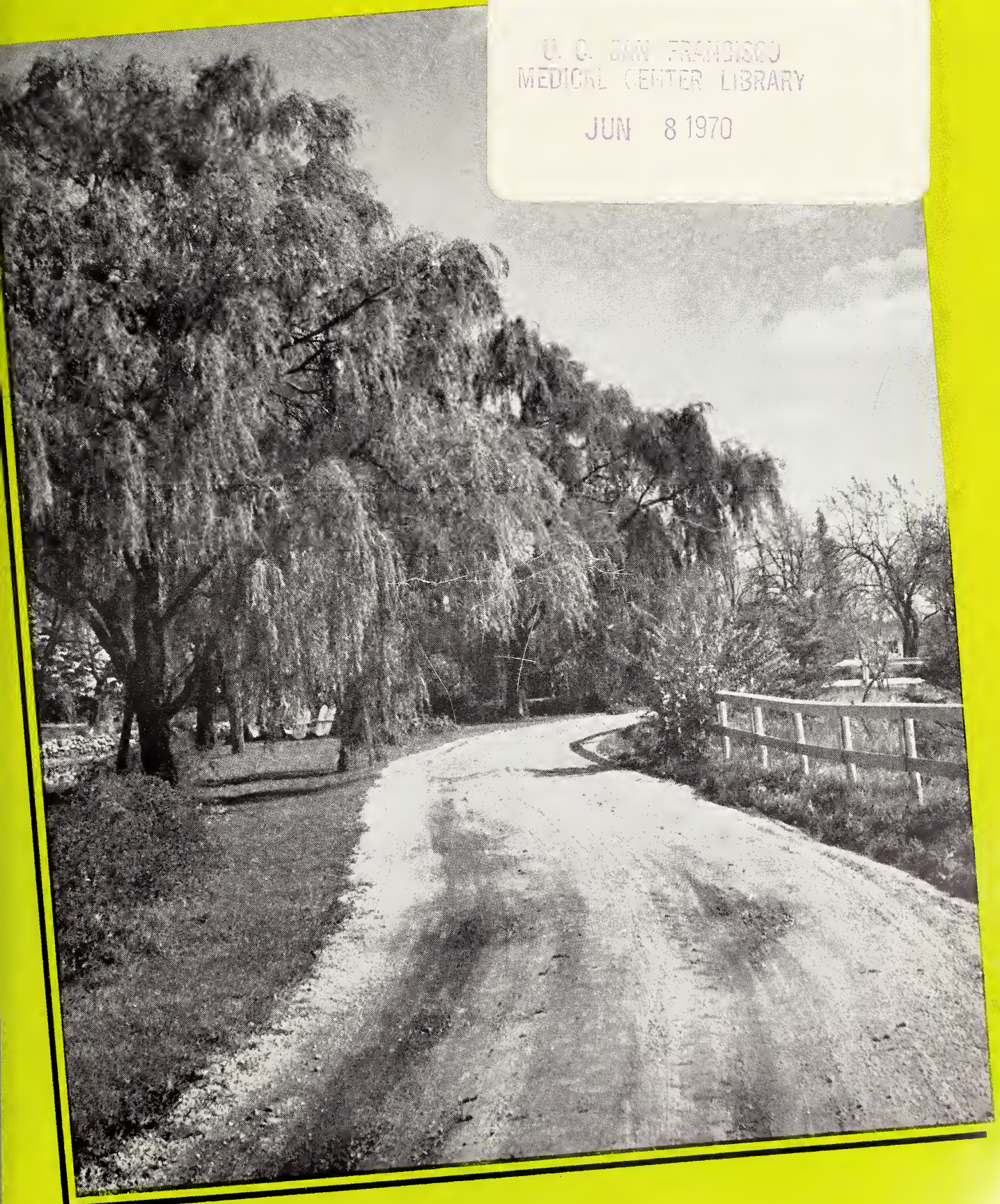

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MAY 1970

The Journal
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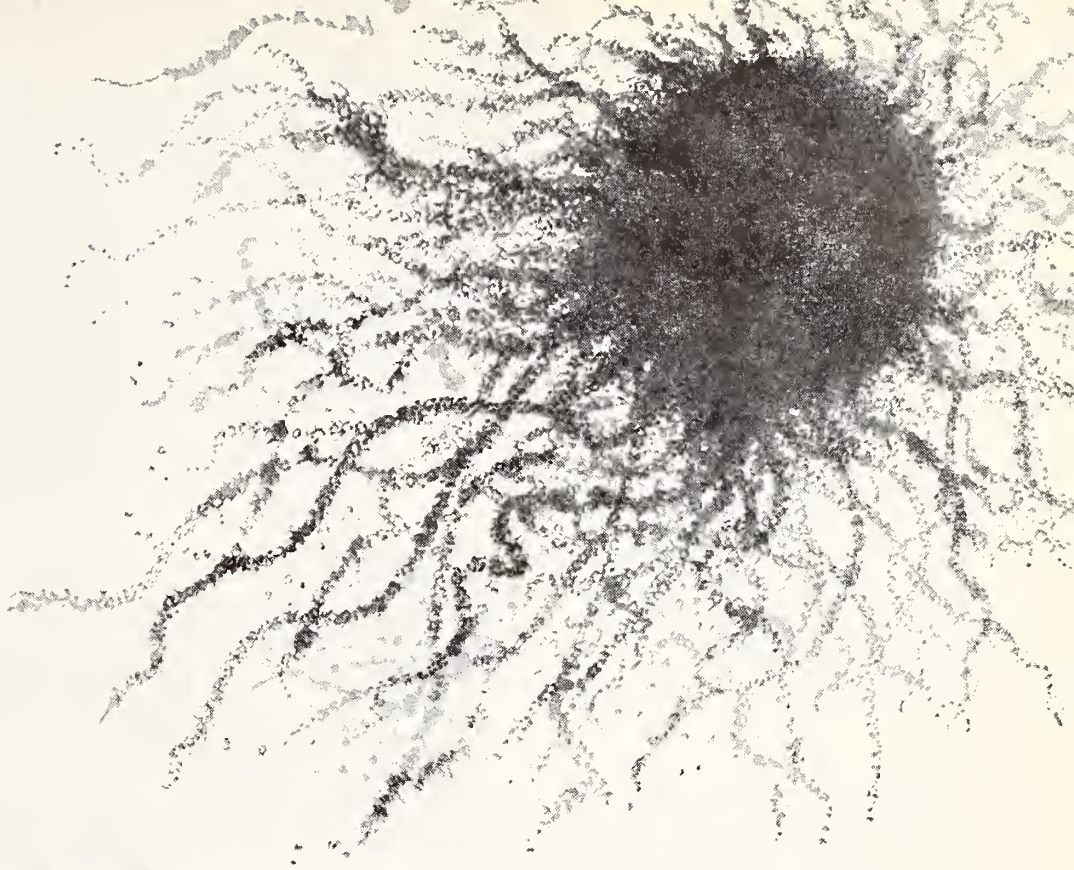

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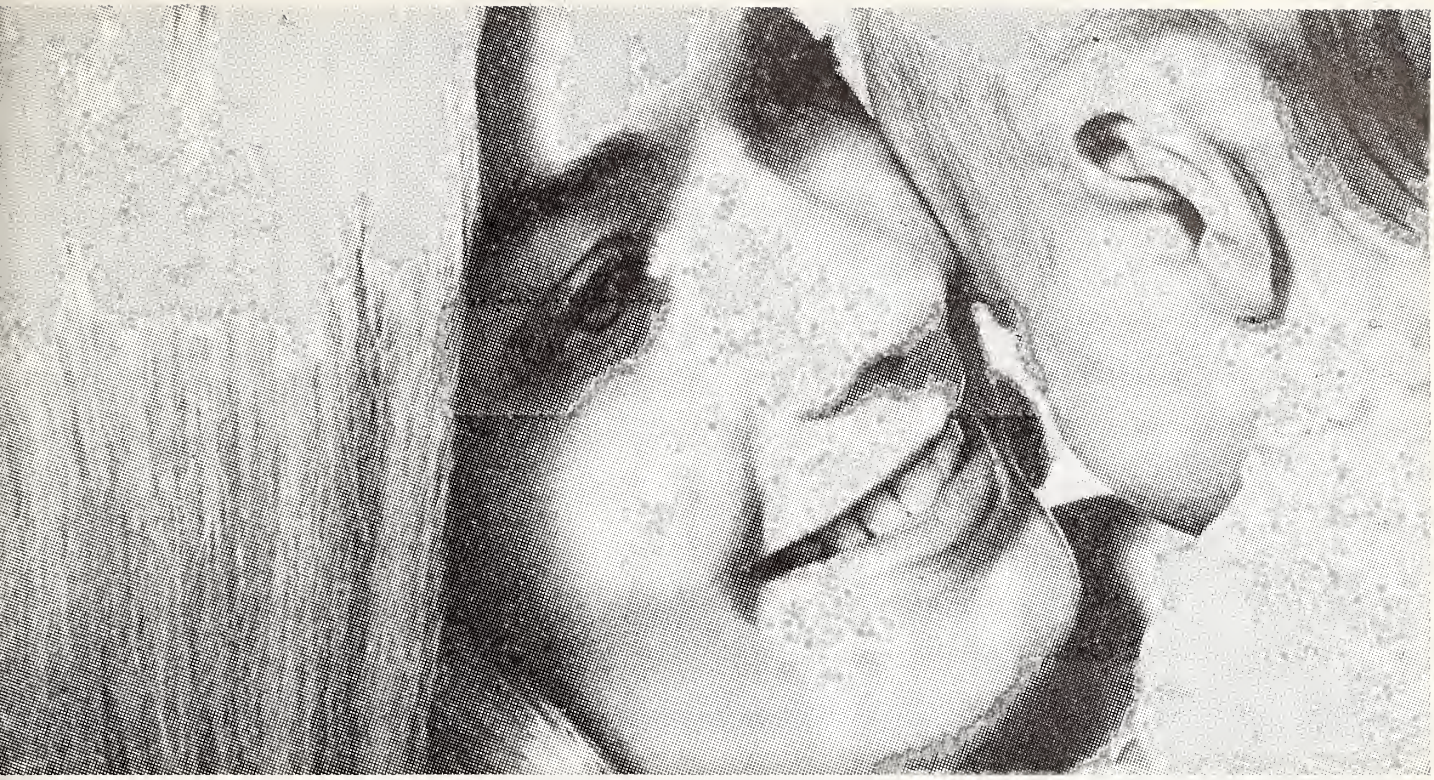

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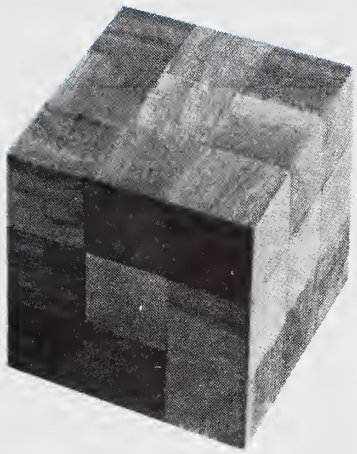

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Adults: Two tablets, orally, four times per day, followed by liberal fluid intake.

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Precautions: Administer with caution to persons with known idiosyncrasy to atropine and cardiac disease. While under this therapy the urine is blue; patients should be so advised to allay apprehension.

Side Effects: Neither irritation nor untoward reactions have been reported; however, if pronounced dryness of the mouth, flushing, or difficulty in initiating micturition occurs, decrease dosage. If rapid pulse, dizziness or blurring of vision occurs, discontinue use immediately. Acute urinary retention may be precipitated in prostatic hypertrophy.

Contraindications: Glaucoma, urinary bladder neck or pyloric obstruction, duodenal obstruction and cardiospasm. Hypersensitivity to any of the ingredients.

How Supplied: Bottles of 100, 500 and 1,000 tablets.

References: (1) Sands, R. X.: New York St. J. Med. 61:2598-2602, 1961; (2) Renner, M. J., et al.: Hosp. Topics 39:71-73, 1961; (3) Haas, Jr., J., and Kay, L. L.: Southwest. Med. 42:30-32, 1961; (4) Marshall, W.: Clin. Med. 7:499-502, 1960; (5) Strauss, B.: Clin. Med. 4:307-310, 1957.

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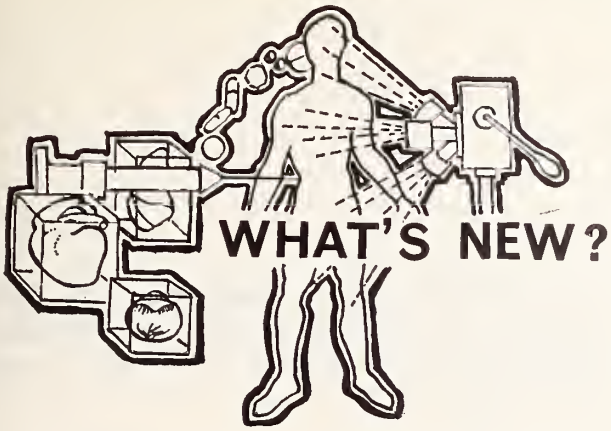


J. T. Posey is marketing for the first time a light weight cane with four legs—Quad Cane. The handle is plastic coated and the legs are rubber-tipped. It is adjustable in height and comes in adult or child sizes, both with small or large base. It is recommended as a highly stable walking aid for stroke or paralysis cases.

* * *

Baxter Laboratories is introducing a new high-grade medical tubing called Medigrade™ for use in hospitals. The tubing is made of polyvinyl chloride. The caliber and the wall thickness are precisely controlled. It is wound on a bookshelf spool dispenser and has markings every 12 inches for easy cutting.

* * *

Parke-Davis is acquiring the assets of Walker Industries of San Francisco, a maker of plastic disposables for hospitals. The new products will be added to the Parke-Davis medical-surgical product line which is being handled by a nationwide sales force.

* * *

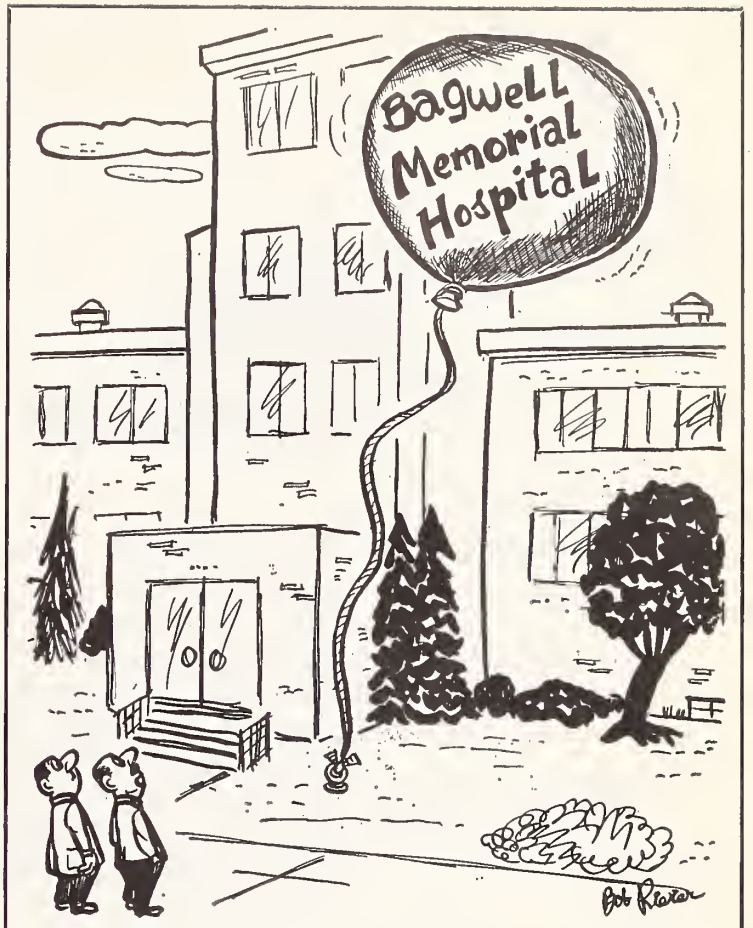
Patients, such as burn cases and those under immunosuppressive or cytotoxic drugs who need to be protected maximally against bacterial invasion, may be cared for in a plastic balloon-like enclosure made by the Bethlehem Corporation. The balloon is supported by an external nylon-coated frame and has five glove ports on each side for sterile manipulations. It is inflated with filtered air which creates a bacteriological barrier. All standard nursing procedures including intravenous therapy can be accomplished.

* * *

Argyle has a new illustrated, programed instruction course on "Selected Medical Terminology." It is designed to teach medical terminology to paramedical or health care employees who have at least a high school education. It can be taken individually or in groups and requires about eight hours for completion.

* * *

News of what is new in the medical supply industry is composed of abstracts from news releases by manufacturers—of pharmaceuticals, clinical laboratory supplies, instruments, and surgical appliances and book publishers. Each item is published as news and does not necessarily constitute an indorsement of a product or recommendation for its use by THE JOURNAL or by the Indiana State Medical Association.



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This summary of what is happening in Washington is prepared by AMA's Capitol office and air-mailed to *The Journal* on the ninth of each month preceding month of issue.

THE NIXON Administration proposed that prepaid, closed-panel group practice health care be authorized under both medicare and medicaid.

THE AMERICAN Medical Association recommended to the House Ways and Means Committee a new medicaid plan utilizing existing private health insurance mechanisms to replace the present program of health care assistance for the medically indigent.

ROBERT H. FINCH, secretary of Health, Education and Welfare said Congress would be asked to approve legislation authorizing "health maintenance contracts guaranteeing health services for the elderly and the poor at a single fixed annual rate for each person served."

"IN THE CASE of medicare," Finch said, "the patient will be entitled under such a contract to all of the usual medicare services plus preventive services. The contract price will be negotiated in advance at an amount less than the Social Security Administration presently pays for conventional medicare benefits in the locality.

"SIMILARLY under medicaid we are seeking authority for the states to offer to the poor the option of securing services under such health maintenance contracts. We propose to work with the individual states toward the modification of their present programs in this regard and to encourage their use of the experimental authority previously mentioned for the testing of a variety of different contractual arrangements.

"THE CORNERSTONE of this new option in federal health purchasing will be the opportunity for consumers to choose between alternatives. The ultimate goal will be to give every beneficiary of these programs a choice between obtaining services from a health maintenance organization or arranging for them in the usual way from individual doctors and hospitals. He will have the choice of withdrawing from enrollment in a health maintenance organization if he finds the service unsatisfactory. The government will have the choice of entering into arrangements with individual health maintenance organizations, subject to special standards, including assurance that every contractor will serve persons of high medical risk as well as the healthy."

EARLIER, HEW Under Secretary John G. Veneman told the house committee that it was planned to call the new approach under medicare Part C—to provide all services covered under Parts A and B "plus preventive services." He estimated a saving of about $15 per

person, but some committee members were skeptical that more services could be provided at less cost.

BOTH FINCH and Veneman made clear that one of the main objectives is a fundamental change in the nation's system of health care delivery. They said states would ask to repeal existing laws restricting prepaid group practice. They said that future federal medicaid funds might be made contingent on states eliminating "legal barriers to all forms of health delivery organizations."

"LET ME CONCLUDE by saying that our broad objective is to frame an effective and reasonable approach to meet the health needs of the American people," Veneman said. "Obviously the federal government by itself cannot redirect the total health delivery system. We can, however, do our best to make sure that the vast expenditures of the federal government in the health care industry are used in a way that will contribute to the evolution of an improved, more effective, more economical system to deliver health care to our people. To the extent we are successful, we will be delivering the maximum benefit from the public funds entrusted to us. But what is equally important, we will be providing valuable support for improvement of the total health care system, public and private. In that way, we will be helping to improve the delivery of health services for all the American people."

DR. RUSSELL B. ROTH, speaker of the AMA House of Delegates, told the House committee that medicaid "has demonstrated some weaknesses which badly need correction."

A NEW PROGRAM, he said, should: "provide the Congress with a basis for reasonable predictable costs; ease the burden on the states; assure total implementation; and while maintaining a level of quality, insure that the costs of the program remain within the range of acceptability."

THE PROGRAM recommended by the AMA had these features:

1. Each eligible person (or family) would receive a certificate to be redeemed by a qualified health insurance company offering a health insurance policy or contract of certain basic health benefits such as hospitalization, medical care, preventive care, and diagnostic and outpatient care.
2. The premium cost for such policy or contract would be assumed by the federal government from its general revenue fund.
3. The states, freed from the expense of financing the basic costs of health care for their indigent and medically indigent residents, could provide supplementary benefits. These might include, for example, skilled nursing home care and dental services.
4. The determination that an insurance policy or contract, and the company offering same, are "qualified" would be made by a state agency which customarily has that authority. However, changes in the scope of benefits, and guidelines or standards to be used by the insurance departments in judging the company and the plan it offers, would be established by a national board appointed by the President.
5. All individuals and families below a certain level of income would be eligible to participate. A simple determination of eligibility could be made by the appropriate federal agency on the basis of income, or an even more refined criterion could

Continued

be used such as tax liability. The program could require marginal needy families to participate in the expense of the premium charge by paying a small part of it, varying such participation in direct proportion to this tax liability.

6. For the lower income family there would be no deductibles and no co-insurance features.

7. To insure a high level of quality and to prevent cost escalation, the program would provide for a system of "peer review," organized and conducted in a manner to assure its success.

AS TO THOSE SERVICES and charges which are within the purview of the medical profession, appropriate medical societies would be given the task of establishing a peer review mechanism that would, among other things, review individual charges and services wherever performed; review hospital and skilled nursing home admissions as to their medical necessity, and stays in hospitals and skilled nursing homes as to their continued medical necessity; and review the need for the professional services provided in the institution.

IN THE CASE of fraud or other clear intentional and gross misconduct, the peer review committee would be expected to bring charges before the appropriate licensing body.

TO ASSIST peer review committees in becoming established and in their operation, the program should provide for federal participation in the cost incurred in developing the program and its operation. To assure participation by members of the profession, those who serve on peer review committees should be held harmless from any actions or claims based on their decisions as to the necessity or quality of the services provided, or the reasonableness of the charge.

IN THE EVENT that a peer review committee is not established by the appropriate medical society within a reasonable time, or although established is not functioning, the Secretary of Health, Education and Welfare in consultation with the medical society, would be empowered to appoint a committee to so act.

AMA SUPPORTS AIR POLLUTION CONTROL BILL

THE American Medical Association supports the Nixon Administration's air pollution control bill (S. 3466) which would give the Department of Health, Education and Welfare power to set air quality standards for the nation.

THE LEGISLATION also would provide for intensified research in air pollution and for tough enforcement procedures on the national air purity standards.

THE AMA ALSO supports accompanying legislation providing for expanded research on ways to cut auto exhaust pollution and for pollution control standards for watercraft and airplanes.

DR. JAMES M. BLAKE, a member of the AMA's Council on Legislation, told the Senate Subcommittee on Air and Water Pollution:

"FOR TOO LONG we have taken for granted the atmosphere, one of our natural resources; it is time now to look upon this resource as one on which the survival of man depends . . . .

"IN RECENT YEARS, the country has awakened to the need to control air

pollution. Yet, more and more, our air becomes polluted and hazards to health increase. We must take stronger action to reverse this direction—stronger action than we have taken in the past . . . .

"IT IS IMPERATIVE, that all elements of our society join to overcome the increasing pollution of our atmosphere. Measures which a few years ago were deemed adequate to meet the needs simply have not achieved the desired goals. New steps must be taken if we are to make any substantial headway in alleviating the problem. Accordingly, we believe that it is now necessary to provide for additional pollution controls and to make the essential financial commitment . . . ."

HEW ISSUES NEW REGULATIONS

STATES MUST REPORT to the Internal Revenue Service each year on total payments to providers of medicaid services under new regulations issued by the Department of Health, Education and Welfare.

EACH YEAR, states will file Internal Revenue Service Forms 1096 and 1099 giving amounts paid to physicians, dentists, pharmacists, opticians, nursing homes, hospitals and other individuals and institutions that provide service to medicaid patients.

STATES will be required to identify each individual provider of service by social security number, and partnerships and corporations by an employer identification number.

STATES also must establish procedures for verifying with recipients whether services billed by providers were actually received. Such verification may be made by spot checking.

PRESIDENT NIXON APPROVES VA MEDICAL CARE INCREASE

PRESIDENT NIXON approved a $65 million increase in the Veterans Administration medical care budget mainly to improve services for wounded Vietnam war veterans.

AN INCREASE of $50 million was authorized in the VA's medical budget for fiscal 1971 and $15 million for the remainder of this fiscal year. Nixon acted after reviewing a study by Veterans Administrator Donald E. Johnson of the scope of the veterans medical care program and the increasing difficulties it has faced in providing hospital and clinical care.

"TO THOSE who have been injured in the service of the United States we owe a special obligation," Nixon said. "I am determined that no American serviceman returning with injuries from Vietnam will fail to receive the immediate and total medical care he requires."

THE $15 million supplemental appropriation would be spent in April, May and June to clear up the excessive backlog in Vietnam veterans dental claims and to improve the staffing of specialized medical programs, especially the spinal cord injury centers and coronary intensive care units.

THE ADDITIONAL FUNDS also would be used to carry out plans for taking hemodialysis units into the homes of veterans suffering from serious kidney ailments and to help meet increased costs of needed drugs and medicines.

THE VA's BUDGET request already submitted to Congress for the 1971 fiscal year beginning in July totals $1.54 billion.

THE NEW REQUEST for $50 million will bring the budget for fiscal 1971 to $210 million more than the approved appropriation for fiscal 1970. ◄

Letters

to the editor

Dear Dr. Ramsey:

Your invitation to engage discussions under "Lounge Talk" is welcome.

First, a comment on the Guest Editorial in your 3/70 edition, by Dr. Wagoner of Union City. He is undoubtedly trying to minimize duplication of federal programs by making the county health officer a chief coordinator of Comprehensive Health, Head Start, Medicaid, Vista, Voluntary Health Agencies, etc. This gesture would be a noble one if the majority of those programs were not unconstitutional.

To this comment, let's not have the trite cliche retort of officers, delegates and lawyers of organized medicine—that constitutionality is determined by the Supreme Court. There is adequate evidence that the court has gone berserk in its decisions for the past 20 years!

As to Dr. Hill's article, I commend the bulk of his assertions, but would point out his generalization about all conservatives fleeing adversity is not correct. Those who do should not be classified as such. I speak from the viewpoint of 30 years experience in a study of the subject.

This study includes not only medical organizations but also educational, political, religious and philanthropic associations. This experience denies Dr. Hill's contention that it is absurd to stop contributions to those which appear determined to destroy individual freedom. It confirms the necessity of stopping the financial support of, or membership in, such organizations. The study also includes the highest authority for the same conclusions. It can be found in II Corinthians 6:14.

By the same token, if there are sufficient advocates of truth and right in any organization that does not measure up to those standards, they will withdraw, and that organization will shrivel on the vine to be replaced by one that meets ethical standards that have been too long ignored by humanitarian-minded social scientists in their mesmerization of physicians and laymen to accept false concepts.

In conclusion, I would therefore make this suggestion. Don't try to improve on unconstitutional measures. Eliminate them. Don't continue to support any group that consistently violates the Laws of God.

Sincerely,
A. G. BLAZEY, M.D.
7 E. Walnut St.
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Dear Dr. Ramsey:

The Board of Medical Registration and Examination of Indiana, in official meeting, on Tuesday, January 13, 1970, directed the writer to call your attention to the fact that the Medical Board and the Indiana Board of Pharmacy are frequently receiving complaints concerning the apprehension of individuals that have procured prescription blanks from the offices of physicians, and have forged prescriptions; and this matter could possibly cause embarrassment to the individual physicians concerned.

The second matter that was brought forward was the notification to the Medical Board of any change of address pertaining to a licentiate.

This Board receives numerous calls, daily, from the various pharmaceutical outlets inquiring on the status of licensure; and the correct address of an Indiana license pertaining to a drug or a narcotic order that has been placed by an individual licentiate and the pharmaceutical outlet, have refused or delayed sending the order until further investigation or correction has been made. Some doctors have notified the Indiana State Medical Association and the Department of Narcotics of their change of address; but it is pertinent that the licensing Board be so notified.

Perhaps, if we are able to call these situations to the attention of the medical doctors through your organization, through the medium of *The Journal,* we may be able to curtail a bad or embarrassing situation.

As in the past, thank you for the fullest cooperation, and in the best interest of the practice of medicine, we remain,

Sincerely yours,
BOARD OF MEDICAL REGISTRATION AND EXAMINATION OF INDIANA
H. Dearing Wolf, D. O., Secretary
Joseph D. O'Brien, Adm. ◄

I love my family.
I adore this house.
My in-laws are great.
The neighbors are wonderful.

Indications: For use in management of anxiety and tension occurring alone or as accompanying symptom complex to medical and surgical disorders and procedures. Though not a hypnotic, fosters normal sleep through antianxiety and related muscle-relaxant properties.

Contraindications: History of sensitivity to meprobamate.

Important Precautions: Carefully supervise dose and amounts prescribed, especially for patients prone to overdose themselves. Excessive prolonged use has been reported to result in dependence or habituation in susceptible persons, as alcoholics, ex-addicts, and other severe psychoneurotics. After prolonged excessive dosage, reduce dosage gradually to avoid possibly severe withdrawal reactions. Abrupt discontinuance of excessive doses has sometimes resulted in epileptiform seizures.

Warn patients of possible reduced alcohol tolerance, with resultant slowing of reaction time and impairment of judgment and coordination.

Reduce dose if drowsiness, ataxia or visual disturbance occurs; if persistent, patients should not operate vehicles or dangerous machinery.

Side Effects include drowsiness, usually transient; if persistent and associated with ataxia, usually responds to dose reduction; occasionally concomitant CNS stimulants (amphetamine, mephentermine sulfate) are desirable. Allergic or idiosyncratic reactions are rare, but such reactions, sometimes severe, can develop in patients receiving only 1 to 4 doses who have had no previous contact with meprobamate. Previous history of allergy may or may not be related to incidence of reactions. Mild reactions are characterized by itchy urticarial or erythematous maculopapular rash, generalized or confined to groin. Acute nonthrombocytopenic purpura with cutaneous petechiae, ecchymoses, peripheral edema and fever have been reported. One fatal case of bullous dermatitis following intermittent use of meprobamate with prednisolone has baen reported. If allergic reaction occurs, meprobamate should be stopped and not reinstituted. Severe reactions, observed very rarely, include angioneurotic edema, bronchial spasms, fever, fainting spells, hypotensive crises (1 fatal case), anaphylaxis, stomatitis and proctitis (1 case) and hyperthermia. Treat symptomatically as with epinephrine, antihistamine and possibly hydrocortisone. Aplastic anemia (1 fatal case), thrombocytopenic purpura, agranulocytosis and hemolytic anemia have occurred rarely, almost always in presence of known toxic agents. A few cases of leukopenia, usually transient, have been reported on continuous administration.

Meprobamate may sometimes precipitate grand mal attacks in patients susceptible to both grand and petit mal. Extremely large doses can produce rhythmic fast activity in the cortical pattern. Impairment of accommodation and visual acuity has been reported rarely. After excessive dosage for weeks or months, withdraw gradually (1 or 2 weeks) to avoid recurrence of pretreatment symptoms (insomnia, severe anxiety, anorexia). Abrupt discontinuance of excessive doses has sometimes resulted in vomiting, ataxia, tremors, muscle twitching and epileptiform seizures. Prescribe very cautiously and in small amounts for patients with suicidal tendencies. Suicidal attempts have resulted in coma, shock, vasomotor and respiratory collapse and anuria. Excessive doses have resulted in prompt sleep; reduction of blood pressure, pulse and respiratory rates to basal levels; and occasionally hyperventilation. Treat with immediate gastric lavage and appropriate symptomatic therapy. (CNS stimulants and pressor amines as indicated). Doses above 2400 mg./day are not recommended.

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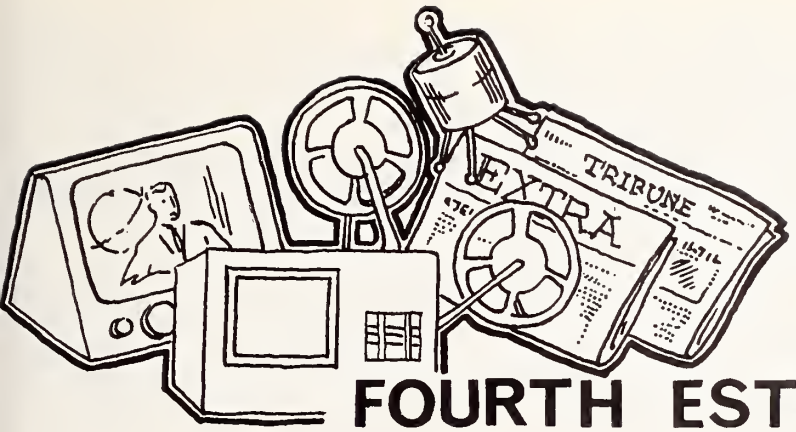

FOURTH ESTATE

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

Giving Aid After Death

FREMONT POWER

An increasing number of Indiana people are being asked a kind of back-to-the-wall question: "Would you, in dying, be willing to help another to live?"

In less than 30 days, an estimated 1,000 said yes, they would.

That is, having expired, they would be willing for a transplant team of the Indiana University Medical Center and Veterans Administration to take whatever organ from their body that might be useful to someone else, most likely now the kidneys.

As many as 1,000 or more are being asked this question every working day by members of the Indiana State Association of Life Underwriters and if half accept, a fair guess, Indiana's volunteer transplant donor system may become unique in the nation.

"It has been remarkably successful," said Dr. John P. Donohue, chairman of the IU-VA transplant team. "Somehow it has struck a chord in people that is very, very sympathetic."

The National Kidney Foundation sent a representative here from Washington to inquire how this canvass was put together by the life insurance business. The foundation revealed, meantime, it is considering assembling a national registry of such committed donors and putting their names into a national computer.

"It has gone over tremendously wherever local (life underwriter) associations have undertaken it," reported Robert W. Osler, managing director of the state association. There are 27 local associations in the state group and more than two-thirds of them, he reported, have joined the project.

The Indiana plan was started after stories were published and televised here of kidney disease sufferers waiting for transplants.

This procedure is becoming increasingly more successful. Of 15 done here at the Medical Center in the last year only one death has occurred.

Among those working with Dr. Donohue on the transplant therapy are Drs. John Glover, Austin Gardner and Dana Shires.

Having read and heard of the need for kidney donors, Harry E. Eakin, president of the Indianapolis life underwriters association, said that group got in touch with the Transplant Donor Foundation, MacLean, Va., which has a uniform card for donors to fill out.

And so the program began developing, with the aid, among others, of Gerald Young, New Augusta, and Robert Sternberger, Indianapolis, chairmen of the Indianapolis and state underwriter public service committees, respectively.

Eakin said that soon the system "should be able to sign 5,000-10,000 people a week."

A life insurance man talking to a prospect may hand him a statement outlining the program, the statement ending, "If I were dying and you were already dead, would you help me?" It adds, "I have already signed a card saying I'd help you."

The prospect is also given a uniform card, now revised, the back of which is a legal document by which he agrees to use of his organs for transplantation.

The card is to be carried on the person with other identification papers. A doctor or hospital coming upon such a card on a dying person is advised to call area 317, 635-7401, Ext. 66, the VA hospital, for instructions.

When the program was announced in *The News* last Dec. 31, readers were advised to call 545-7065 (the state life underwriters association) if they had not been otherwise solicited.

A great many have, 98% of them women, Osler said, a preponderance as yet unexplained.—*The Indianapolis News*, Feb. 9, 1970.

Medicine in Crisis

Nearly everyone now agrees there is a crisis in medical care: Shortages of facilities and personnel, rapidly soaring costs. No such unanimity exists, however, as to just what should be done.

The roots of the problem are com-

plex and intertwined. For one thing, the $53 billion-a-year health industry has been slow to adjust to fast-growing demand. This demand has been augmented, suddenly and immensely, by Medicare and Medicaid, but those programs were not the only factors.

The industry's scientific advances, for example, have outpaced its management capability. Doctors and hospitals can do so much more for so many people now than they once could—if only they could provide the space, equipment and personnel to handle them. Rising incomes and the spread of private health insurance, moreover, greatly increased the public's ability to pay for health care long before the development of Medicare and Medicaid.

Hospitals and medical schools already draw a large part of their financing from the federal government. In a recent interview with *U.S. News & World Report,* Dr. John A.D. Cooper, president of the Association of American Medical Colleges, strongly urged that this federal support be increased, and perhaps it will have to be.

Both for now and for the future, hospitals and the medical profession must take steps to improve their efficiency.

Dr. Cooper touched on some steps that are being tried. Stanford University is experimenting with an MD program, taking into account the knowledge the student already has and what his interests are, that may enable many students to complete medical school in less than the usual four years.

In a number of areas nurses are taking over some of the tasks usually performed by fully qualified doctors. Health-care "teams," composed of doctors, nurses and technicians, allow a more economic use of available personnel.

Modern management methods are finding their way into more hospitals. Private clinics, some small and some large, allow doctors to share sophisticated and costly new equipment. Except in a few nonurban areas, the exigencies of the situation probably are forcing the elimination of the old personal relationship with a single family doctor.

The health industry long has made poor use of its personnel. At the levels of nurses and technicians, salaries have been low in relation to the skills required; this deficiency is gradually being corrected, which is still another factor contributing to the rise in medical costs.

If the higher costs lead to a larger, more effective work force, the money will be well spent.

No one suggests that the effort will be easy, but there is ample reason to regard it as essential. James H. Cavanaugh, deputy assistant secretary of Health, Education and Welfare, recently put it bluntly to a group of health industry leaders: "You are being asked to keep a pluralistic, public-private health care system from dying . . . from being swept away by its own failure to serve the health demands of the American people."

In other words, if the industry doesn't do the job, the government, able or not, will try to do it.

Everyone's obligation now is to try to effect a cure.—*The Wall Street Journal.*

Welcome G.P. Back!

A noteworthy milestone in American medical history will be marked today and tomorrow.

On these two days, 2,000 family doctors will take an examination at 36 academic sites in 23 states, the District of Columbia and Puerto Rico, which if passed, will qualify them as diplomates in medicine's newest — yet oldest — specialty — family practice.

Before World War II, most doctors were family practitioners or general practitioners or "generalists." But over the ensuing decades there has been so much emphasis on specialization that less than 15% of medical school graduates enter family or general practice today.

The pendulum is swinging back. Only last year the American Medical Association and the Advisory Board for Medical Specialities approved the new, broad-scale specialty of family practice.

The hope is that recognition of family practice as a specialty will encourage more young doctors to take up primary health care as a career and that with more "doctors of first resort" available to provide personal, comprehensive and continuing care to families, access to the nation's complex medical system will become easier and less expensive for all citizens.

The 2,000 doctors taking this first-ever examination are all veteran physicians who have been in practice at least six years or medical school teachers for the same length of time or who hold a residency in a special field but still choose to enter family practice. They are laying their professional reputations on the line before the eyes of their colleagues.

Most of them are members of the American Academy of General Practice, the only medical organization that requires its members to take postgraduate study—at least 150 hours of approved study during the three-year membership tenure. Likewise, the specialty requiring its diplomates to be recertified periodically.

Maybe some of them will even make house calls.—*Warsaw Times-Union,* Feb. 28, 1970.

More Prosecution

Dr. John Pattison, Grant County coroner, firmly believes there should be more prosecution of persons at fault in fatal traffic accidents, but Prosecutor Dane Mann says that

proving a driver is guilty of "willful, wanton and clear disregard" for the lives of others is almost impossible.

We agree with Doctor Pattison, and to a degree, with Prosecutor Mann.

Obtaining a conviction of reckless homicide is extremely difficult.

It seems to us that the law is at fault, although prosecutor Mann contends it is society. Actually, it appears the law is written so that persons responsible for the deaths and maiming of others can go free while the victims suffer.

To our way of thinking, it would be practically impossible to prove "willful, wanton and clear disregard" in most highway accidents. Proving clear disregard might not be difficult, but "wanton and willful" would be another matter.

There are other hang-ups. We recall a state trooper once told us it was almost impossible to win a reckless homicide conviction. He explained, "All those jurors drive cars, and every one of them figures it could happen to him."

The prosecutor's reluctance to try cases with what he considers insufficient evidence is understandable. Apparently, we have another case where law and justice are not exactly one and the same thing.

Liquor was involved in many of the fatalities in Grant County last year. Driving under the influence of intoxicants is illegal, so weren't these people violating a law when an accident occurred?

The prosecutor, of course, is not the only person who can ask the circuit judge for a grand jury investigation. But if someone else asks in a case where the prosecutor is convinced there is insufficient evidence, it seems unlikely that an indictment and conviction could be obtained.

Dr. Pattison also suggested the city and county health departments should be consolidated with the coroner's office and that a full-time medical examiner be employed. The proposal certainly merits consideration, at the least.

He also believes the judiciary should support the law enforcement agencies in a more efficient manner. There certainly could be more cooperation in some cases, but courts must rule on law, and it seems more likely that the flaws are in the laws.—*Marion Chronicle-Tribune,* March 9, 1970.

Medi-Gravy?

Although the American Medical Association fiercely opposed Medicare when it was put to Congress four years ago, some doctors have adjusted so well to the program that they are now charged with turning it into their personal gravy train.

Their greediness has contributed substantially to the spiraling of medical costs, raised anew the prospect of stringent federal control of Medicare and Medicaid and given new impetus to the crusade for national health insurance.

If the doctors find themselves finally under the thumb of government, they will have largely themselves to blame. According to a Senate Finance Committee staff report, doctors get fees from Medicare that are three or four times bigger than the fees they are allowed to charge for identical services under Blue Shield or Blue Cross.

In some cases, doctors who own nursing homes go on "gang visits" to those homes and collect $300 to $400 for saying hello to 30 or 40 patients. An unscrupulous physician has an opportunity in this situation to make higher profits by keeping a patient in the home longer than is necessary.

With doctors charging all the traffic will bear, no one should express surprise at the Civil Service Commission prediction that health insurance premiums in America will double by 1975. In fiscal 1968 the per capita cost for health services was $238. In 1969 it was $294. Nobody sees an end to the spiral.

Against this background, the Senate committee report proposes a fixed schedule of fees for doctors participating in the federal programs. And the demand has been renewed for a program of socialized medicine.

Such a program would involve staggering administrative costs and would necessarily give government further control over the lives of American citizens, including the doctors. But one day the country may embrace such a program in desperation.

That will almost certainly happen unless the doctors begin to exercise greater restraint. If they refuse to police themselves, they will be policed.—*Detroit News.* ◀

Indiana Medical Foundation

The Indiana Medical Foundation was organized to furnish support for the educational activities of the Indiana State Medical Association. These activities include programs for continuing education and the scientific publications of *The Journal.* Contributions made to the foundation are deductible by donors in accordance with the Internal Revenue Code. Bequests, legacies and gifts are deductible for federal estate and gift tax purposes. Memorial contributions made to the foundation will be formally recorded and acknowledgment will be sent to the family. Gifts, bequests, and memorial contributions may be mailed to the foundation at 3935 N. Meridian St., Indianapolis 46208.

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Should We Try to Find More Diseases When We Can't Cure the Ones We've Got?*

MICHAEL J. HALBERSTAM, M.D.
Washington, D.C.**

THE doctors in the hospital dining room sit around munching cheese sandwiches, comparing patients and grousing about the public and the bureaucrats. A surgeon complains about a dubious malpractice case in which academic physicians from the Health Department testified against a practicing doctor, while the courtroom drank it all in—"See what bastards doctors are!" An internist replies that physicians have to be disciplined, just like anyone else. A woman doctor interjects that the clinic case load is so high that she doesn't have enough time with each patient. The surgeon replies sardonically that the Health Department has a cure for this—"We don't do enough about our doctors' social consciousness." Pretty soon one of the doctors will finish eating, nod to his friends, and excuse himself, saying, "I'd like to talk more, but I've got to go and save some lives."

The scene is Tashkent, U.S.S.R., in Aleksandr Solzhenitsyn's "Cancer Ward," but it could just as well be a hospital dining room in America. The foot soldiers of medicine, of whom I am one, bitch contentedly about an unappreciative public and an insensitive bureaucracy. The complaints of the Soviet physicians seem a bit more pointed than those of most of the doctors I know personally, more akin to those American doctors who saw Medicare as the death of private practice. Yet there is no doubt that all of us—the Soviet physicians in the cancer ward, the small-town private practitioner in Arizona, and the big-city internist—have more in common with one another than we have with the medical administrators or academic physicians of our own countries. We are bound by the half-proud, half-put-upon feeling of those who do the real fighting while the armchair generals sip sherry in their tents.

This dichotomy between practicing and non-practicing academic physicians came home to me as I thought about American medicine today. The bitterest critics of medicine have usually been physicians themselves. It's nice to belong to a profession which constantly examines itself, but at times one has the feeeling it is overdone.

For, as I started to research this article by pulling out my file labeled "Medicine, Criticism," and sorting out the articles, clippings and reprints, I soon began to despair of the task. How could one encompass all the problems in American medicine today? Quotations and headlines rushed through my mind: "Medicine is a pushcart industry" (the dean of Harvard Medical School, echoed by Dr. Leona Baumgartner), "Medicine is a cottage industry" (Drs. Ivan Bennett of Johns Hopkins, David Rutstein of Harvard, Martin Cherkasky of Montefiore), "Health Crisis in America," "American Infant Mortality Rate High," "All Concerned Are Castigated for Ghetto Care 'Nonsystem,'" "Impersonal Care Denounced."

It wasn't that, as a practicing physician, I felt impelled to answer all this criticism (I had made some of it myself), but that it was too broad even to consider. I felt as I sometimes do when backed into a corner at a social gathering and denounced by some friendly lawyer or reporter who knows exactly what's

* Originally published under the title of "The M. D. Should Not Try to Cure Society," the *New York Times Magazine*, Nov. 9, 1969.

** Michael Halberstam, M.D., spent a year or more in medical training or practice in Boston, the Bronx, Point Barrow (Alaska), Crownpoint (N. M.) and Burlington (Vt.). For the last five years he has been in the private practice of internal medicine in Washington.

the matter with medicine. One has a tendency in those circumstances to react a bit snappishly, to point out that every American institution from the Metropolitan Opera to the Supreme Court is under attack these days, that medicine is under attack in other nations, and that even before Daumier, Moliere and Shaw, people were caustic about their healers.

I write as one who loves his profession and is loyal to it, warts and all. I want the warts off, but I love it still. One can be weary of physicians, who, while professing devotion to some mystic ideal of medicine, spend most of their energies attacking their field before the press and Congressional committees. The political conservatism of most of my colleagues annoys me at times, but does not depress me. I have noticed that the most "liberal" wings of the profession, the psychiatrists and the academic physicians, have until the last three years been the most laggard in actually treating or doing anything else for the poor. This deficiency is being made up, but the irony escapes neither me nor the conservative G.P. who treats 50 patients a day.

Certain facts about American medicine are incontestable. At a meeting of doctors in Washington last year, I sat next to a man who had practiced in the area for 35 years. I asked him what was different about practice now compared with when he had started.

"There aren't any bad doctors," he said. I raised my eyebrows a bit, and he stopped me. "Sure, you might be able to think of a few that you think aren't so good, but when I started there were dozens of doctors around who had gone to unaccredited schools, who were drunks and dope addicts, who never read a book or went to a meeting or a hospital since they left medical school. You can't believe the difference. You can take competence for granted nowadays."

The more I thought about it, the more sense it made. When Abraham Flexner was commissioned to do a report on medical education in 1909, the United States had 125 medical schools, some of them operating like mail-order diploma mills. Twenty years later, mainly because of Flexner's report, the dreadful schools were gone—but their graduates lingered on. They practiced through the nineteen-twenties and thirties and early forties, an era when the specialty boards and hospital committees that now do most of the enforcing on quality of care were either nonexistent or just developing.

Today one practices with the assumption that one's colleagues are competent. For example, I give away no trade secret by saying that most physicians are little better than the average layman in judging the ability of another doctor. In small or medium-sized towns, perhaps, an internist can have long enough contact with the other physicians to get a firsthand idea of how good they are, but in a growing suburb or big city he may have solid knowledge of only a small percentage of his colleagues, most of them in his own specialty. Like the public at large, he operates on trust. When my son had an ear infection, my wife took him to an ear-nose-and-throat man recommended by his pediatrician. When surgery eventually became necessary, the E.N.T. man operated—and I had never checked on him or even met him. He operated at a good hospital, he was recommended by a good peditrician, and so I assumed competence.

If, in fact, I had wanted to check on him, there would have been no good way save for me to take an E.N.T. residency myself. Even the surgical box score, as once proposed by Russell Baker, would have been of no help, for the doctor with a 20 percent complication rate may operate on older or sicker patients than the one with 10 percent. Detailed examination of each serious complication by a jury of his peers—which is done in all good hospitals—is the only way a physician's competence can be maintained.

If we're so smart, then how come we're so sick? Our infant mortality rate is poor and even middle-aged white men in the United States have a higher death rate than those in other Western nations. Dr. John Knowles of Massachusetts General Hospital says that on a trip to Saigon he found medical conditions which resembled those "in certain parts of Boston."

By "certain parts of Boston," Dr. Knowles meant the black slums. The infant mortality rate for Negroes in this county is twice that of whites. Even our white infant mortality rate is higher than that of many countries, but some of this can be attributed to pure geography. We will always be hard put to achieve the kind of infant-care statistics of compact, relatively homogenous countries like Denmark and Holland. Even with a private airplane, the prosperous rancher's wife in Wyoming is at a disadvantage if she has an obstetrical emergency.

But our mortality figures reflect convincingly the fact that most Americans die of excess rather than neglect or poverty. This is shown by the comparative life expectancies for men and women. Writing in *The New England Journal of Medicine*, William Forbes has pointed out that not only do American women live longer than American men, they live longer compared with women of most other countries while our men do poorly compared with men elsewhere. Since distribution, financing and quality of care is certainly equal for men and women in the U.S., Forbes infers that it is not medical care which accounts for the poor showing of American white men, but rather "cultural patterns."

These patterns are quite obvious—in every one of our national excesses, men are more excessive than women. They smoke more (and get more lung cancer and emphysema), they drink more (and get more cirrhosis and infection), they drive faster (and get into more accidents), and they eat

more (and get more heart attacks). The cold fact is that most of our preventable diseases are preventable, not by the doctor, but by the patient.

We know this, but few of us want to acknowledge it. I know that I am more likely to have an auto accident if I have two drinks at a cocktail party, but I go to parties all the time and never take a taxi home. I am convinced that for each steak I eat a little plaque of cholesterol is deposited in my anterior descending coronary artery, and yet I continue to eat steak. Perfectly rational humans come to me for a yearly check-up, get their yearly psychologic assault or entrapment, and yet continue to smoke two packs a day. We know what we should do for our health, but few of us are willing to do everything we should (which is reassuring, since the purpose of life, whatever it may be, is clearly not just to see who can live longest). Some, however, are unwilling to do anything.

In the face of these depressing realities, the good, liberal establishment calls for more preventive medicine. Financial analyst Sylvia Porter writes, "We must conserve doctors' services by far greater emphasis on preventive medicine and diagnostic screening." Senator Harrison Williams, Democrat of New Jersey, has introduced a bill which would provide nationwide centers in which blood could be taken and analyzed for various abnormalities, thereby nipping disease in the bud.

The trouble with this approach is that many of the "diseases" so detected are untreatable, and many may not be diseases at all, but merely variations in blood levels of normal substances. In order to prove the latter, however, the patient must go on to submit to a progression of tests, some of them dangerous, all of them expensive. Uncritical acceptance of "multiphasic screening" would merely add to our health bills, not our health. In the medical literature such programs are still being evaluated and do not look very hopeful. Among politicians and economists, however, they look like a panacea.

Some observers, acknowledging that social factors rather than "medical" ones lurk behind many of our problems, urge medicine to tackle these directly. Dr. Jack Geiger of Tufts, who has done pioneering work among the poor in Boston and Mississippi, has written that merely supplying care is not enough. "To provide health services for a concentration camp would not only be futile, it would be an act of profound cynicism. Our medical schools and teaching hospitals must find ways of bringing their resources to bear on the central social issues that underlie health. The urban crisis should get at least as much attention in teaching hospitals and medical schools as molecular biology."

Dr. Knowles, writing about alcoholism and its association with poverty and ignorance, noted that "it is a cruel paradox that medicine generally has had the least effect on these disease-provoking conditions and instead has restricted itself to traditional acute curative, after-the-fact . . . functions. Prevention of disease through alteration and alleviation of those social conditions which generate disease has been left to others—the politicians, welfare workers, clergymen and struggling minority groups."

Now, I consider myself a member in fair standing of the Eastern Establishment, I have met Dr. Geiger and admire him, and I am sure that Dr. Knowles and I have many things in common and would get along well if we ever met. Yet when I read statements like this I realize I have more in common with the Birchite G.P. seeing 50 patients a day in Kingman, Ariz., than I have with the nicest member of the Harvard medical faculty. What Dr. Knowles and Dr. Geiger and all my friends want of the medical profession is another marching phalanx to help solve social problems. This is a fine task. I would like to help solve social problems myself, but while I did, who'd be minding the store? If physicians are to be trained to "alter and alleviate" social conditions, why did I bother to study anatomy, which really was sort of a drag?—**(To be continued next month).** ◄

Increase of antidiuretic hormone either by abnormally high supply from the normal source or from tumors, causes the kidney to retain water and lose sodium. Result is water intoxication with hyponatremia and may be fatal. Treatment is limitation of water intake and, if severe, hypertonic saline.

Clinical Aspects of the Inappropriate Secretion of Antidiuretic Hormone

A Review

JACK L. KANE, M.D.
*Indianapolis**

THE syndrome of inappropriate secretion of antidiuretic hormone (SIADH) was first described in 1957 in a paper by Winkler and Crankshaw[4] in which a condition of chronic hyponatremia and hypochloremia was found in several patients with pulmonary tuberculosis and one with bronchogenic carcinoma. The etiology of the condition was not known at that time. Since then, many cases of this syndrome have been documented from several different primary etiologies. The purpose of this article is to review briefly the normal physiologic role of antidiuretic hormone (ADH) and describe the clinical syndrome and treatment of inappropriate ADH secretion.

Physiology

Vasopressin or ADH is an octapeptide which is synthesized in the hypothalamic nuclei, and stored in the posterior lobe of the pituitary. A major stimulus for the release of ADH is hypertonicity of the plasma, although other stimuli such as pain, fear, operative procedures, analgesics, barbiturates, morphine and acetylcholine will also cause the release of ADH. In addition, there are stretch receptors in the left atrium which, in some instances, actually take precedence over the osmoreceptors.[5]

The primary action of ADH is to promote reabsorption of free water by the renal tubule. It does so by increasing the cellular membrane permeability in the distal convoluted tubule to water.

Pathophysiology

A simplified mechanism for the physiologic basis of SIADH is as follows: increased ADH, from whatever the source, leads to increased water retention via the effect on the distal convoluted tubule, which in turn causes an expansion of the extracellular volume leading to hypoosmolality, hyponatremia and hypochloremia. This increased vascular volume, providing the cardiac status is normal, causes an increase in renal blood flow and a subsequent decrease in renin, angiotensin and aldosterone and an increase in third factor which leads to a decrease in sodium reabsorption in the proximal and distal convoluted tubule and hyponatremia. It is felt that the third factor may be the most important part of the latter cycle. It has been shown that aldosterone when given to these patients has no sodium-saving effect. Therefore, the decreased aldosterone may not be as important in the mechanism as it appears. In general, net sodium deficit is not present although when hyponatremia is severe in a patient who is not overhydrated, sodium loss probably has occurred.

Symptomatology

The clinical features of excess ADH result from excessive retention of water. The patients are unable to dilute the urine and excrete osmotically free water. This persists despite a concomitant reduction in osmolality of the extracellular fluid which would normally shut off the output of vasopressin. This inability to shut off ADH secretion eventually causes the characteristic symptoms of water intoxication—weight gain, hyponatremia, lethargy, confusion, seizures, coma and finally death.

During this period of hyponatremia, the kidneys continue to excrete sodium, and there is absence of dehydration, as would be seen with sodium loss from severe vomiting and/or diarrhea. The osmolality of

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the urine is greater than the concomitant osmolality of the serum—a cardinal finding of SIADH.

Symptomatology varies in severity with the lowering of the serum sodium. Usually there are no symptoms when the serum sodium is greater than 120 meq/L. Below this, water intoxication becomes manifest first with anorexia followed by nausea, vomiting, irritability and personality changes. The patient becomes uncooperative, confused and hostile. These are the usual changes seen when the sodium concentration is between 110 and 120 meq/L. Below 110 meq/L neurologic abnormalities predominate. These include decreased or absent reflexes, muscle weakness, bulbar or pseudobulbar palsy, positive Babinski sign, stupor and convulsions.[6] The neurologic symptoms become more severe and death occurs at sodium concentrations below 100 meq/L. As the sodium concentration decreases, so does the chloride; however, the bicarbonate concentration is usually normal.

Differential Diagnosis

Probably the hardest differential, but an uncommon one, would be primary adrenal insufficiency associated with SIADH. If there is an adequate blood pressure and no increased pigmentation with good renal function, as can be the picture in very early adrenal insufficiency, the lack of steroid therapy may prove lethal for the patient. This problem was noted recently in a case report in which the adrenals were completely destroyed by metastatic disease, but the acuteness was such that the chronic symptoms of adrenal insufficiency were not manifest.[12] It is known that there is an increased incidence of metastases from carcinoma of the lung to the adrenal. Therefore, in every patient suspected of having uncomplicated SIADH, urinary and plasma cortisol should be determined to rule out associated adrenal insufficiency.

Psychogenic polydipsia can present similarly to SIADH. Even with complete suppression of ADH release, normal renal function, and a usual solute intake, water excretion cannot exceed 25 cc/min. Therefore, if a patient ingests more than this, water will be retained, the extracellular volume will increase and the serum sodium will decrease. The latter may drop to as low as 85 meq/L.[6] There is usually a severe underlying psychiatric problem present. The urine osmolality is the giveaway here—this patient will have a very low urine osmolality versus the high osmolality seen in SIADH.

Older patients with SIADH may present clinically as primary CNS disease such as degenerative brain disease or cerebral vascular insufficiency. The older patient may have typical symptoms of chronic brain disease and the potentially treatable SIADH can be easily missed. Most patients with moderate to severe hyponatremia will, if adrenal and renal salt retaining mechanisms are intact, elaborate a virtually sodium free urine. Only in patients with SIADH and those with adrenal or sodium wasting renal disease will the urine contain appreciable amounts of sodium.

Pseudo-hyponatremia is secondary to hyperlipemia or hyperproteinemia. The sodium is decreased because the amount of water per unit volume of plasma has been decreased by the abnormal accumulation of lipid or protein. In SIADH, the serum osmolality is low while in the pseudo state it is within normal limits.

Etiology

Several diseases have been found to be associated with the SIADH. The most common is tumor of the lung (primarily oat or small cell anaplastic types). Carcinoma of the duodenum, pancreas and thymomas have also caused SIADH. In cases of carcinoma, it is believed the tumor itself produces ADH or a closely related polypeptide rather than inappropriate release of ADH by the posterior pituitary. The neurohypophysis need not be present for SIADH to exist.[6] Bioassay of tumor tissue has revealed ADH concentration as high as 7-10 milliunits per mg. of acetone dried tumor tissue in oat cell carcinomas. Extracts of pancreatic adenocarcinoma have contained 380 milliunits of ADH per mg. of acetone dried powder. Oxytocin like activity was also found in this pancreatic tumor.[11] These findings are consistent with the observation that in several malignant tumors, diverse hormones or hormone like substances such as PTH, 5-OH tryptophan, ACTH, MSH, gastrin, oxytocin and LH have been found.

The next most common disease states associated with SIADH are the disorders of the central nervous system—meningitis, head injuries, brain abscess, tumor, encephalitis, Guillain-Barre, acute intermittent porphyria and subarachnoid hemorrhage. A common finding in these conditions is that once the acute phase of the disease has subsided or disappeared, SIADH promptly disappears.

This is also true for diseases of the lung. SIADH has been seen in pneumonia, cavitary diseases such as tuberculosis and aspergillosis, and there is a current feeling that it can also be part of the complete picture in certain cases of chronic obstructive lung disease.

In hyponatremic patients with congestive heart failure, the limitation of "free" water formation during water loading has been demonstrated repeatedly. This can in part be due to excess sodium reabsorption in the proximal convoluted tubule. However, the presence of ADH in the serum and urine, at the same time the serum sodium concentration is low, raises the possibility of SIADH. This may well be correlated with the stretch receptors in the left atrium, previously mentioned.[6,14]

There are in addition cases of SIADH which have no apparent

cause.[6] SIADH can be part of the sodium lowering effect seen in Addison's disease, myxedema, hypopituitarism, postoperative states, and cirrhosis.

Treatment

Since the morbidity of SIADH is due to water intoxication, water restriction is the primary therapy. Fluid must be restricted to less than 1000 cc. per day, including water in the food. Using weight loss of two to four kg. per day as a clinical guide, this water restriction will usually bring the serum sodium back into an asymptomatic range in two to four days depending on the severity of the hyponatremia.

Hypertonic saline should be used only acutely in severe water intoxication—especially if the patient presents with coma or convulsions. In the chronic condition with moderate symptomatology, administration of sodium usually leads to its prompt appearance in the urine, and only a transient rise in plasma sodium concentration. Thus, the therapy of choice is water restriction in mild to moderate cases with hypertonic saline given only in severe cases.

Obviously the underlying disease must be treated or eliminated. The syndrome has disappeared with removal of the causative tumor or disease state be it a localized oat cell carcinoma, cirrhosis, or a dilated left atrium in mitral stenosis and/or left heart failure. A serum sodium kept in the normal range by simple water restriction can make the remaining time of a terminal cancer patient more worthwhile for both him and his family.

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*Best, C. H. and Taylor, N. B.: *The Physiological Basis of Medical Practice*, 7th edition, Williams and Wilkins, Baltimore, 1961, p. 480.

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Discovery of the Xg^a blood group and the fact that it is linked to the X chromosome provides a method of investigating other sex chromosome abnormalities. The Xg^a system may also explain why more boys than girls are born.

Contributions of the Xg^a Blood Group System to Medicine*

CHARLES E. JACKSON, M.D.
Bluffton**
JOSEPH D. MANN, M.D.
Grand Rapids, Mich.***

A "new" blood group termed Xg^a was reported in 1962.[1] The antigen was uncovered by the study of difficulties in cross-matching of blood on one patient at Butterworth Hospital, Grand Rapids, Michigan. This patient had hereditary telangectasia with nose bleeding which required frequent transfusions. Difficulties encountered in attempting to cross-match his blood with prospective donors could not be explained by incompatibility with any of the known blood groups and it became recognized that he had antibodies to a previously undescribed red cell antigen. Eighty-nine percent of females but only 62% of males of 342 random individuals[1] were found to react in an indirect Coomb's procedure to this antiserum. Family studies then showed that this blood group antigen was controlled by a sex-linked gene.[1]

The term Xg^a was derived from this "X" linkage, the "g" for Grand Rapids, and the "a" for this as the first of a possible series of antigens at this location. Subsequently six other individuals[2] with Xg^a antisera have been found although the majority of studies of this system were performed with material from this first patient.

The purpose of this paper is to illustrate some of the advances in genetics and medicine which have been opened up simply by investigating cross-matching problems in this one patient. Another purpose is to illustrate how clinicians can contribute to further advances by thorough genetics studies on their patients with sex-linked conditions. One might even say that this X-linked blood group has brought about a whole new interest in sex.

Mapping of Genes

Figure 1 illustrates the sex-linked mode of inheritance of Xg^a. It can be seen that any Xg^a negative girl must have an Xg^a negative father and also that all daughters of Xg^a positive fathers must be Xg^a positive. The medical-legal applications of this system in paternity studies of female offspring are obvious. In some linkage studies,[3] for instance, we encountered an Xg^a negative mother who had a positive and a negative daughter. These Xg^a results gave evidence that these daughters were actually maternal half sisters.

One of the interests of geneticists for years has been the mapping of genes on the chromosomes of man. When it is possible to know the chromosomal location of genes, it will then be possible to predict at birth the genetic diseases any child has inherited by knowing the chromosome constitution of his ancestors in re-

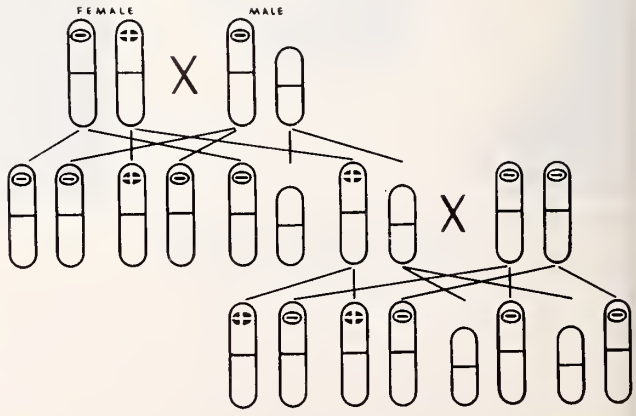

FIGURE 1
DIAGRAM illustrating the X-linked mode of inheritance of the Xg blood group system.

* Presented at the American College of Physicians Meeting, April 24, 1969, at Chicago. Sponsored in part by U.S. Public Health Service Grants AM 02901 and GM 10474.

** From the Caylor-Nickel Research Foundation, Bluffton.

*** Butterworth Hospital, Grand Rapids, Mich.

lationship to common marker genes.

The availability of Xg^a as a common marker gene has permitted the mapping of the X chromosome for many conditions. Chromosomes exchange portions of their genetic material in meiosis so that a recombination of genes occurs. The frequency of such recombination provides information on how far apart these genes are—those genes which are close together will seldom be recombined on a chromosome while those which are far apart will be frequently recombined.

Figure 2 illustrates a family which provided information on the linkage of color blindness and Xg^a.[3] It can be noted that the X chromosome of the color-blind grandfather was transmitted to the color-blind grandsons with the same Xg^a positive gene attached with one exception. Five of the six grandsons had X chromosomes which showed no recombination between color blindness and Xg^a and one Xg^a negative color-blind grandson had a recombination of those genes. In this family a recombination frequency of one in six or 16⅔% was observed. Through a series of such family studies, using Xg^a as a marker gene, progress has been made in the location of genes along the X chromosome of man.

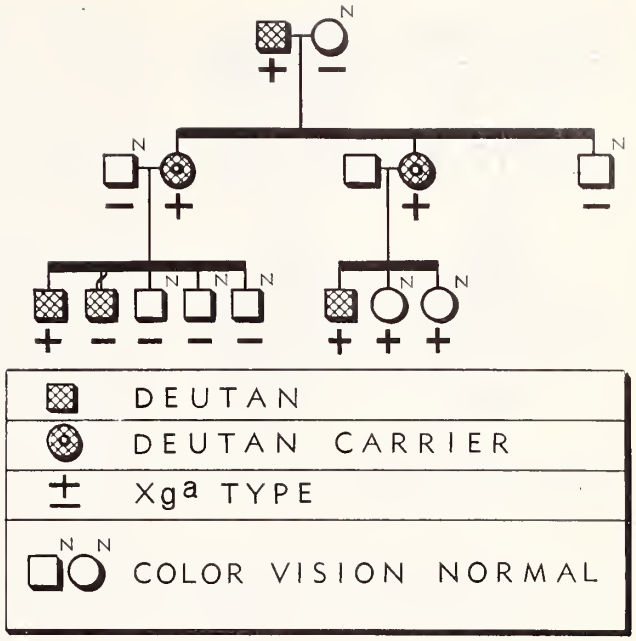

FIGURE 2
PEDIGREE illustrating the manner by which linkage data are obtained from a thorough family study.[3]

Muscular Dystrophy

Figure 3 shows a map of the human X chromosome which combines data from many sources[2,4,5] but is still quite tentative. For example, the genes for the sex-linked types of muscular dystrophy have been ascertained to be remote from Xg^a [6,7] with the Becker type of sex-linked recessive muscular dystrophy probably within measurable distance of deutan type color blindness.[5] Since the loci for Duchenne type of muscular dystrophy and color blindness are probably separated widely, the genes for Duchenne and Becker types of muscular dystrophy are thought to be carried at different locations.[5] Unfortunately, too little information is available to accurately locate many genes along this chromosome though information on even a small number of informative families can add to other data to eventually permit more accurate mapping. Many clinicians are in excellent positions to obtain information which can contribute to chromosome mapping simply by making thorough family studies of patients with diseases such as classical hemophilia, Christmas disease, Duchenne muscular dystrophy, hypophosphatemia, glucose-6-phosphate dehydrogenase deficiency and others of the more than 70 conditions known to be inherited on the X chromosome.[8] The availability of common genetic markers like Xg^a or the more recently described serum protein type, Xm,[4] will make such studies increasingly more valuable.

Xg^a has not contributed as much to the mapping of the X chromosome as had been originally anticipated, partly because the X chromosome is longer in mapping units than had been estimated[2] and partly because the Xg^a gene may unfortunately be located near the end of the chromosome. The Xm serum protein type, described by Berg and Bearn[4] would seem to be better located for mapping purposes, although the original rabbit which furnished antiserum died and difficulties have arisen in obtaining other antisera.[9]

Xg typing has, however, contributed much information to the problems of sex chromosome abnormalities.[10] Figure 4 illustrates the manner in which it was ascertained that Klinefelter's syndrome[2] can result from non-disjunction in the father as well as in the mother—that the extra X chromosome may be paternal in origin. Likewise (see Figure 5)

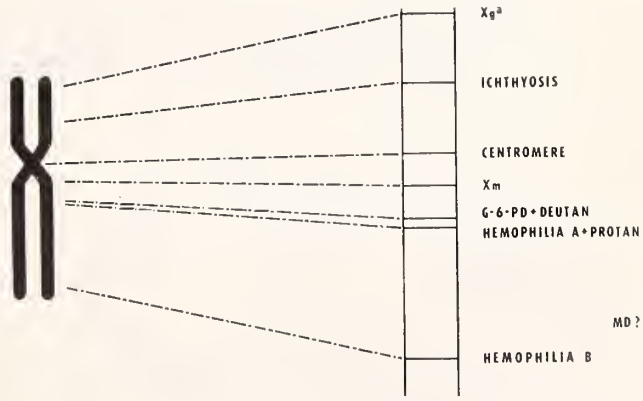

FIGURE 3
VERY tentative map of human X chromosome information obtained from many sources.[2,4,5]

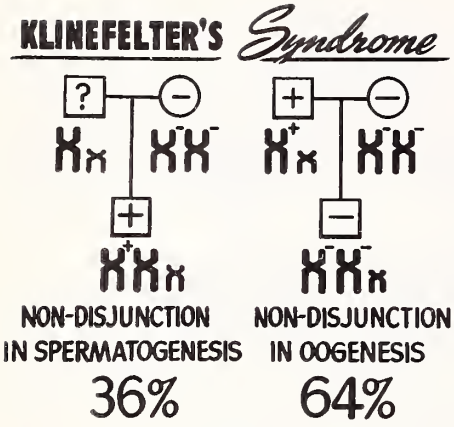

FIGURE 4
ILLUSTRATION of families of Klinefelter's syndrome from Race and Sanger.[2]

Turner's syndrome has been ascertained to be a result of both paternal and maternal non-disjunction.[2,11] These illustrations were taken from Race and Sanger's second edition of *Blood Groups in Man*[2] which provides a good summarization of information on the Xg blood group system.

Immunological Incompatibility

Shortly after the discovery of this sex-linked blood type, it occurred to us[12] that maternal-fetal incompatibility with respect to this system could at least partially explain the intriguing mystery as to why 105 or 106 boys are born to every 100 girls. In Figure 1 it can be noted that from matings of Xg^a positive fathers with Xg^a negative mothers, the resultant daughters are all positive and are possibly incompatible with their mothers. Immunological incompatibility causing a loss of daughter conceptions could change the sex ratio at birth possibly accounting for the birth of more boys than girls. Analysis of sex ratio data from available proposed incompatible matings[13] (Table I) revealed that a total of 234 boys were born to 160 girls. This would appear to be a significant deviation from the expected male:female ratio of 100:100. Even more significant are the data[13] on the sex ratio after birth of the first daughter who might be expected to sensitize the mother to the Xg^a antigen (148 boys to 82 girls).

Proof of the interaction of Xg^a and the sex ratio awaits acquisition of further data. These findings suggest, however, that some X-linked immunological system or systems could explain the disproportionate number of males to females at birth. It is not known what ultimate practical value is provided by this explanation of the mechanism for the observed sex ratio at birth. However, these findings do point out some of the unexpected proceeds of the investigation of cross-matching difficulties in a single patient.

Summary

The contributions to medicine which have followed the discovery in 1962 of the sex-linked blood group, Xg^a, are briefly reviewed. The medical-legal applications are mentioned. The use of this system in mapping genes on the human X chromosome is explained and the potential importance of these studies emphasized. The contributions of Xg^a to certain problems of sex chromosome abnormalities are discussed. Data are presented on the possible interaction of the Xg^a blood group system and the male:female ratio at birth.

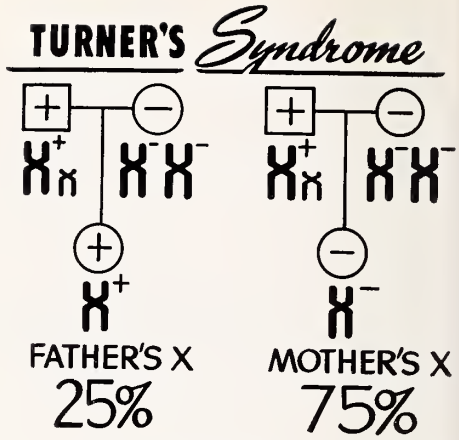

FIGURE 5
ILLUSTRATION of families of Turner's syndrome from Race and Sanger[2] and Lindsten et al.[11]

SEX RATIO OF OFFSPRING FROM
Xg^a+ FATHER X Xg^a- MOTHER MATINGS

	TOTAL		AFTER BIRTH OF FIRST DAUGHTER	
	Boys	Girls	Boys	Girls
1965 Report[12]	121	78	63	26
Amish Study[13]	113	82	85	56
TOTAL	234	160	148	82

TABLE 1

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Effective Antibiotic

In most instances, there are alternative antimicrobial agents which will effectively treat bacteria for which gentamicin may be indicated. For example, pseudomonas infections can be treated with either polymixin or colistin instead of gentamicin; indole-positive proteus and aerobacter infections usually can be treated with kanamycin; proteus mirabilis infections can be treated with either cephalothin, ampicillin or kanamycin. Most *E. coli* are susceptible to a variety of antibiotics. Although many infections due to *Serratia marcescens* can be treated with kanamycin, gentamicin is the only antibiotic effective against all of these strains.

We prefer to use the least toxic drug in these infections due to organisms whose antimicrobial susceptibility is known. Thus, we treat *E. coli* or *Proteus mirabilis* infections with cephalothin or ampicillin even though the organisms isolated are as susceptible to gentamicin and kanamycin as to cephalothin and ampicillin.

Most infections due to pseudomonas or indole-positive proteus require therapy with drugs with significant toxicity. One usually must choose between gentamicin and kanamycin in treating indole-positive proteus infections and between polymixin, colistin, or gentamicin in treating pseudomonas infections. Because of our greater experience with kanamycin and the higher antimicrobial levels in sera with this drug, our preference is kanamycin in treating indole-positive proteus infections susceptible *in vitro* to both kanamycin and gentamicin. Gentamicin, polymixin, and colistin are all effective *in vitro* against pseudomonas; there is insufficient evidence to choose among the three antibiotics.

Drug of Choice

Many experts believe gentamicin is the drug of choice in the treatment of severe gram-negative infections before isolation of the infecting organism and determining *in vitro* antimicrobial susceptibility. In our university hospitals, the organisms isolated from the blood of patients with gram-negative bacteremia during the past year in order of decreasing frequency are klebsiella-enterobacter, pseudomonas, proteus species, *E. coli*, serratia and bacteriodes. Kanamycin is effective against enterobacter, proteus and *E. coli;* polymixin is effective against enterobacter, pseudomonas and *E. coli*. Neither of these drugs is effective against all four of the most common organisms responsible for gram-negative bacteremia.

Therefore, we have treated severe gram-negative sepsis with both kanamycin and polymixin before identification of the organism and determination of its drug susceptibility. Thereafter, only the appropriate drug is continued. Others believe that gentamicin alone is as effective in treating severe gram-negative infections as the combination of polymixin and kanamycin. One well controlled study demonstrated that gentamicin was more effective initial therapy in treating severe gram-negative sepsis than the combination of kanamycin and polymixin or a combination of cephaloridine and polymixin. Additional experience should establish if one of the regimes is more effective than the other.

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* From the Infectious Disease Division, Department of Medicine, I.U. School of Medicine, Indianapolis 46202.

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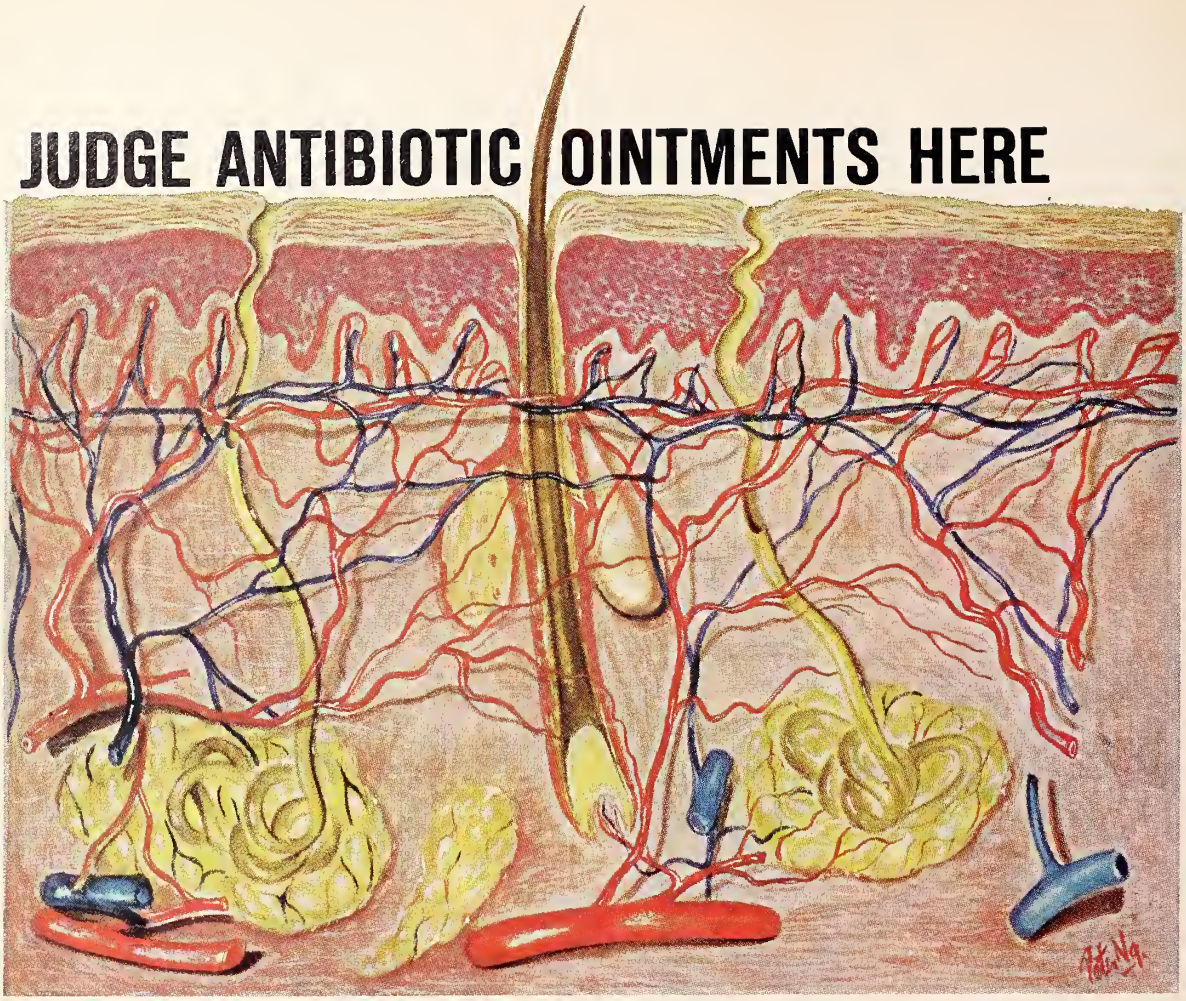

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1. Kannel, W.B., *et al.*: *Circulation* 35:734, 1967.
2. Thomas, H.E., Jr., *et al.*: *Med. Times* 95:1099, 1967.
3. Albrink, M.J., in: Beeson, P.B. & McDermott, W. (eds.): *Cecil-Loeb Textbook of Medicine*, ed. 12, Phila.: W.B. Saunders Co., 1967.

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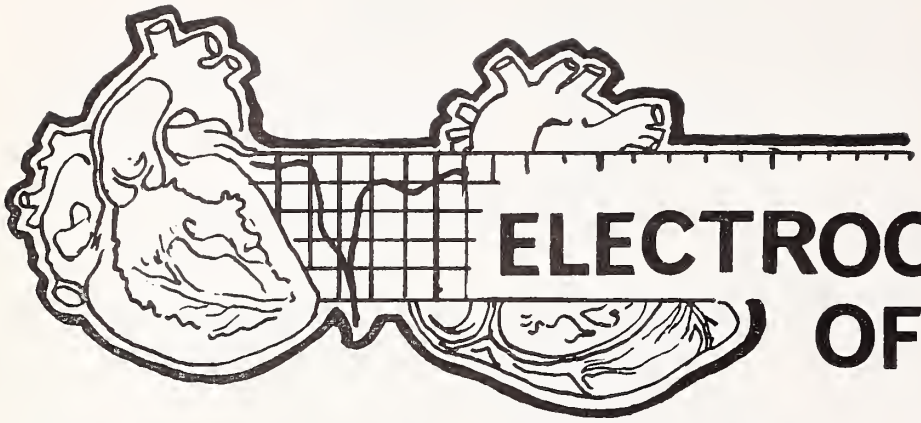


ELECTROCARDIOGRAM OF THE MONTH

Myocardial Infarction: Nonparoxysmal Junctional Tachycardia

CHARLES FISCH, M.D.
*Indianapolis**

NONPAROXYSMAL junctional tachycardia (NPJT) is most frequently a sign of severe digitalis toxicity but is not infrequent in acute inferior myocardial infarction. When associated with an independent atrial rhythm it may be misinterpreted as a complete heart block (see February and March, 1970, EKG of the Month). Occasionally, the junction controls the atria so that an inverted P wave may precede or follow the QRS or if the P wave appears simultaneously with the QRS, it may be buried in the ventricular complex. Such is the case in the accompanying figure.

The left column, leads I, II and III were taken prior to myocardial infarction. Acute myocardial infarction with a deep Q wave in III, elevated S-T segments in II, III, reciprocal depression in I and T wave inversion are shown on the right. The QRS complexes are normal in appearance and the rhythm is regular at a rate of about 90 with demonstrable P waves. A premature QRS is recorded in III. The rhythm is that of a NPJT complicating an acute inferior myocardial infarction. ◄

* From the Krannert Institute of Cardiology, Marion County General Hospital and the Department of Medicine, Indiana University School of Medicine, Indianapolis 46202.

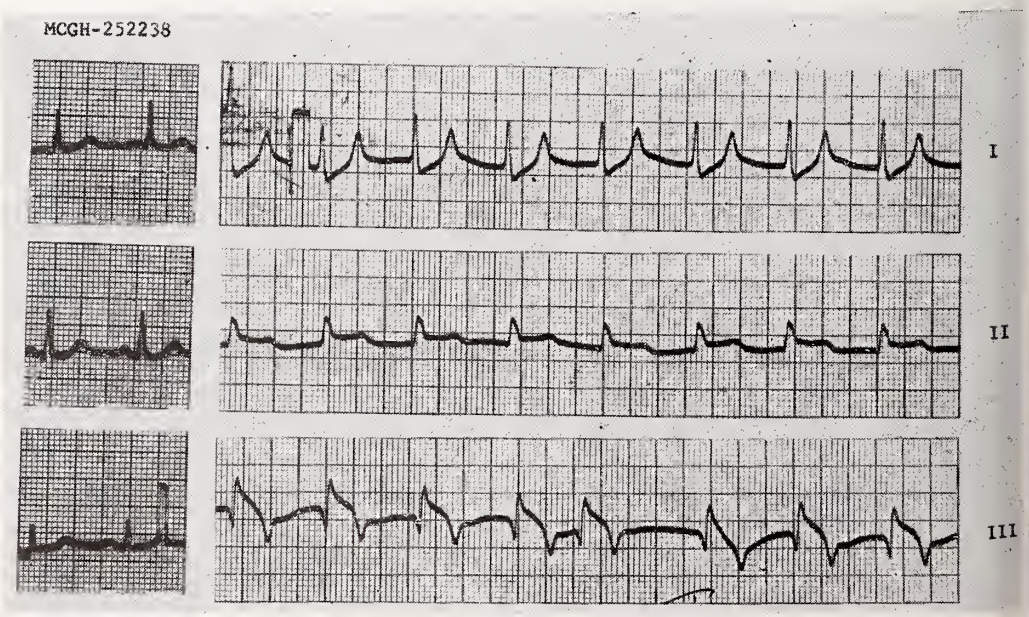
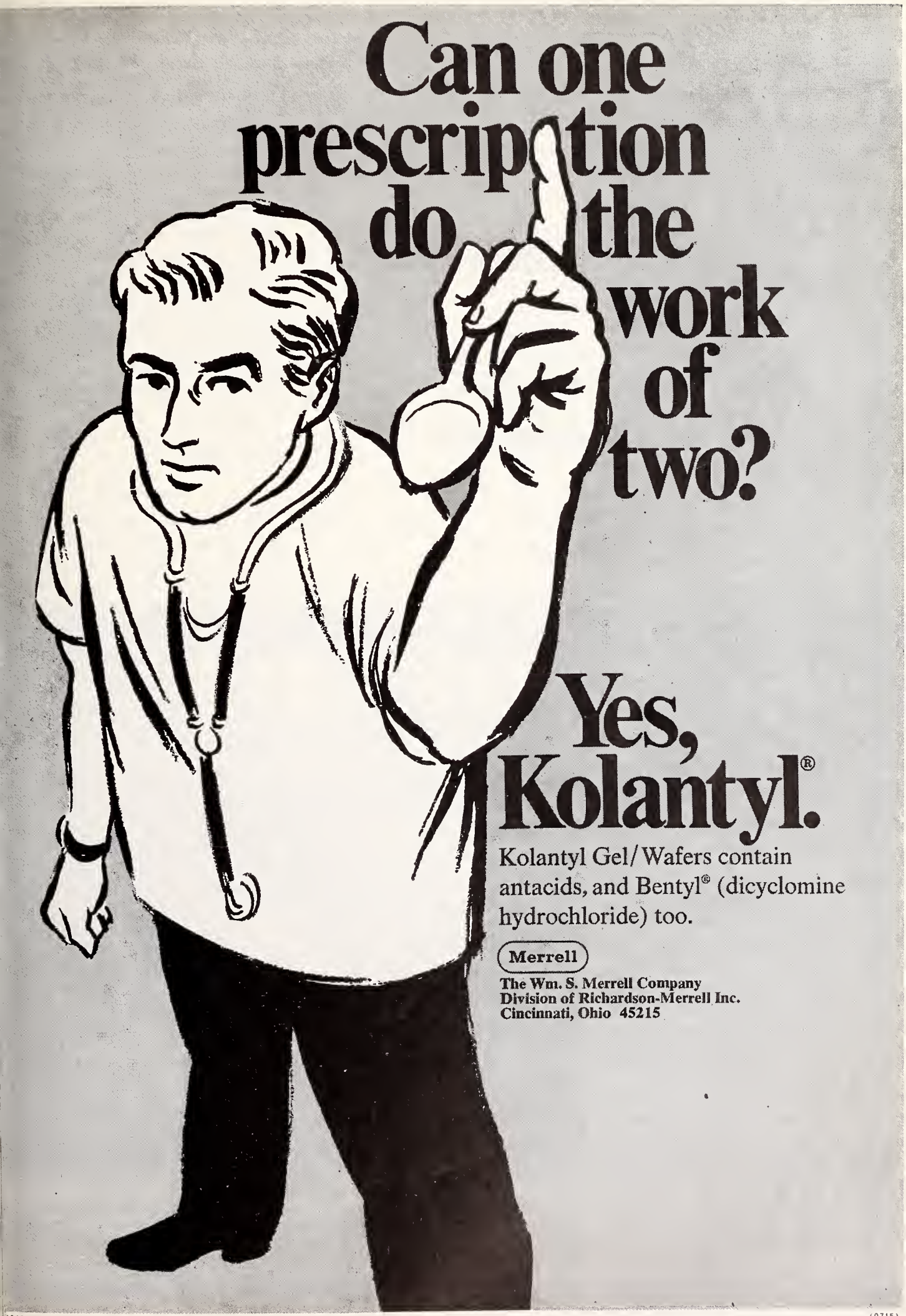


FIGURE 1
ACUTE inferior myocardial infarction with nonparoxysmal junctional tachycardia.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X-RAY CONFERENCE

Biliary Cirrhosis and Portal Hypertension

ERICH K. LANG, M.D.
Shreveport, La.*

THIS 38-year-old white male was admitted for assessment of recurrent jaundice. During the past six years the patient had experienced six episodes of jaundice, for two of which he had been hospitalized. The diagnosis of intrahepatic obstructive jaundice was established during his first hospitalization. However, this diagnosis was presumably based on the history of Thorazine medication at the time the patient became jaundiced. The diagnosis of hepatocellular jaundice was made on basis of a careful diagnostic work-up during his second hospitalization.

Vomiting of bright red blood necessitated the present admission. Physical examination revealed a slightly jaundiced and somewhat cachectic white male. Moderate ascites was felt to be present. Laboratory investigations showed a grossly abnormal liver profile suggesting cirrhosis. Serum bilirubin level was slightly elevated. Esophageal varices were suggested by an esophagogram. A liver scan with radioactive Rose Bengal demonstrated grossly inhomogeneous concentration of the radioactive material compatible with the diagnosis of cirrhosis.

Increased portal pressure was inferred by a needle introduced into the splenic pulp. A splenoportogram demonstrated extrahepatic and portosystemic collaterals on the early phase roentgenograms documenting this injection (Figure 1). The intrahepatic portal ramifications showed unusually wide and large peripheral branches, a finding thought to be characteristic for cirrhotic liver. The sinusoidal phase roentgenograms demonstrated a mottled appearance of the liver parenchyma. The diagnosis of biliary cirrhosis suggested by the splenoportogram and the Rose Bengal scintiscanogram was confirmed by liver biopsy.

Comments

The diagnosis of cirrhosis of the liver causing portal hypertension presents vexing problems. Recently, diagnostic efforts have been facilitated by the introduction of Gold 198 or Rose Bengal scintiscanogram, portography and hepatic angiography. Gold 198 and radioactive Rose Bengal scintiscanograms provide an excellent screening procedure for as-

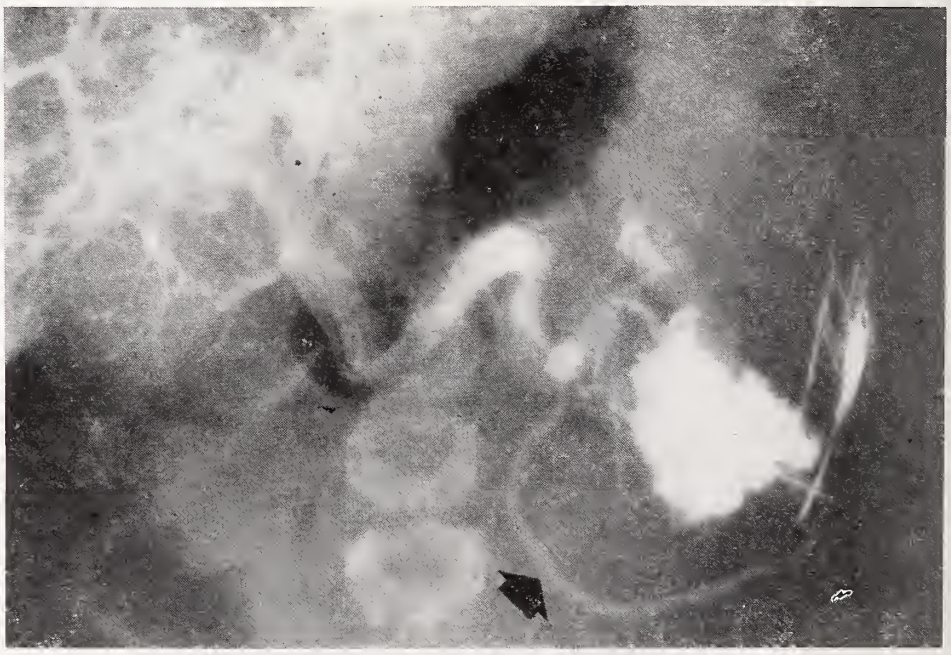

FIGURE 1
AN 8-second phase roentgenogram of a splenoportogram demonstrates extrahepatic portosystemic collaterals (arrow). Note the unusually wide intrahepatic portal branches. The mottled appearance of the sinusoidal phase together with the above mentioned findings suggests the diagnosis of cirrhosis with portal hypertension.

* Professor and Chairman, Department of Radiology, Louisiana State University School of Medicine in Shreveport, Shreveport, La.

sessment of the liver for inflammatory or neoplastic lesions and for cirrhosis. Associated portal hypertension, however, is better evaluated by portography or hepatic angiography.

Increased portal pressure can be measured directly and registered through a needle introduced into the spleen or through a catheter introduced into the portal vein. The cirrhotic liver causing portal hypertension occasions a characteristic widening of the intrahepatic portal ramifications, a finding which is readily demonstrable on portograms. The sinusoidal phase of the portogram is characterized by a mottled appearance of the hepatic parenchyma, apparently caused by regeneration nodules. It should be emphasized that cirrhosis of the fine nodular type may show a sinusoidal phase indistinguishable from the normal hepatographic effect.

The angiographic diagnosis of cirrhosis is based on the demonstration of spiral-shaped intrahepatic arterial branches. This pattern is probably caused by progressive shrinkage of the liver during the process of cirrhosis. The hepatographic phase is again characterized by the pathognomonic mottled appearance.

It should be emphasized that arteriographic and portographic diagnosis of cirrhosis is dependent on loss of parenchyma and replacement by proliferating connective tissue. The incipient stage of cirrhosis with fatty infiltration defies diagnosis by hepatic angiography and portography. The hepatic scintiscan, the portogram and the hepatic angiogram have provided the investigator a new modality capable of establishing the diagnosis of hepatic cirrhosis with or without associated portal hypertension with a high degree of accuracy. ◄

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Fertility and Sterility, January 1970
Official Journal of the American Fertility Society

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Contraindications—Methyltestosterone is not to be used in malignancy of reproductive organs in male, coronary heart disease. Thyroid is not to be used in heart disease, hypertension unless the metabolic rate is low.

References: 1. **Montesano, P., and Evangelista, I.** Methyltestosterone-thyroid treatment of sexual impotence. Clin Med 12:69, 1966. 2. **Dublin, M. F.** Treatment of impotence with methyltestosterone-thyroid compound. West Med 5:67, 1964. 3. **Titeff, A. S.** Methyltestosterone-thyroid in treating impotence. Gen Prac 25:6, 1962. 4. **Heitman, L., Bradlow, H. L., Zumoff, B., Fukushima, D. K., and Gallagher, T. F.** Thyroid-androgen interrelations and the hypocholesteremic effect of androsterone. J Clin Endocr 19:936, 1959. 5. **Farris, E. J., and Colton, S. W.** Effects of L-thyroxine and liothyronine on spermatogenesis. J Urol 79:863, 1958. 6. **Osol, A., and Farrar, G. E.** United States Dispensatory (ed. 25). Lippincott, Philadelphia, 1955, p. 1432. 7. **Wershub, L. P.** Sexual Impotence in the Male. Thomas, Springfield, Ill., 1959, pp. 79-99.

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Comparative Performance of Equivalent Drugs

AT one time, two or more drugs were considered as equivalent if the same amount of the active ingredient was present in all and if the formulation conformed to accepted standards.

Now it has been discovered that the above specifications, presently referred to as chemical equivalence, do not necessarily assure therapeutic equivalence. Variations in manufacturing methods, and even variations between batches of antibiotics, introduce a possibility of non-uniformity which may be dangerous.

Whereas chemical equivalence is fairly easy to establish, therapeutic equivalence is most difficult. Besides the fact that dependable therapeutic testing of each batch of a drug would involve many laboratory volunteers and would be inordinately expensive, there are many clinical situations in which there is no reliable indicator of effectiveness or non-effectiveness.

Since therapeutic effectiveness is so difficult to establish for each lot of drug made by various manufacturers, a determination of blood levels has been suggested as a means of establishing reliability. Demonstration of comparable concentrations of a drug in the blood following the administration of chemically-equivalent drugs is referred to as availability equivalence.

While this method is fairly easy and even though it is almost as valid as therapeutic equivalence, it does not eliminate all the problems. It is difficult to know what blood level variations might be insignificant and what variations might be critical. Of course, if one preparation of a given drug produced a level universally accepted as effective, and another preparation introduced almost none of the drug into the blood, the answer would be easy. It is the "grey zone" where blood levels are close but not decisive that make availability equivalence less than ideal, although it may prove to be the best of the methods in the long run.

Dr. William Murray of the Bureau of Medicine, Food and Drug Administration, is certain that, despite the difficulties, the FDA will be able to assure physicians and pharmacists that any pharmaceutical formulation by any manufacturer will provide the drug in a pharmacologically acceptable manner. He expects that the standards will be extended to liquid preparations, injectables and ointments, and possibly to "over-the-counter" drugs.

New Prepaid, Group Practice System

A prepaid, group practice system of medical care is scheduled for 30,000 residents of Boston.

Harvard Medical School has utilized a Commonwealth Fund grant, which was granted three years ago, to plan the new program, and now has received a $300,000 grant to launch the experimental plan. The outside financial support is needed to sustain the medical service scheme until it is fully subscribed. After that it is assumed that it will be self-sustaining.

The object is to determine whether complete health care coverage can be provided at a reasonable cost with a first-rate group medical practice.

A number of commercial carriers and the Massachusetts Blue Cross are cooperating to offer the Harvard Plan as an alternative to their group health policyholders. Negotiations are under way to include a number of indigent families, with the state paying the premium for each family.

Non-indigent families will join the Plan by paying a fixed monthly premium which is designed to obtain for them complete medical care, house calls, office visits, hospitalization, preventive and therapeutic

medicine, and home nursing care, if needed.

Four Harvard-affiliated hospitals —Peter Bent Brigham, Beth Israel, Children's and Women's—will provide all the hospital services. Additional and similar group practices are planned for the Boston area—established around some of the community hospitals.

Certainly, exploratory operations such as this are necessary. Top-flight medical care is now so expensive almost no one can afford it. Some means must be found which will supply a reasonably good grade of care at a cost which ordinary people can pay. A prepaid group medical practice may not furnish medical service with all the refinements and fancy trimmings, but it should provide the minimum essentials and not cost too much.

All this is to be hoped for, and the Commonwealth Fund is to be congratulated for its forward-looking philanthropy. However the Fund may be anticipating economies in the Plan which will not be realized. It is felt that the large finite character of the patient load will allow for the right number of doctors, nurses, hospital beds, etc. to be provided. All these factors are in short supply for the population as a whole. Attracting the right number of personnel and facilities to the Harvard Plan will not be easy and it will be expensive.

The Commonwealth Fund also announces that, since all the doctors in the Plan will be deriving their income from the Plan, they will have a strong incentive to provide high quality care at the lowest possible cost. Perhaps so, if they are highly motivated, but they may also have many opportunities for larger income from other types of practice.

Another economy factor mentioned is that, since the emphasis will be on keeping the patients healthy, all or most disease will be prevented and very few people will require expensive hospitalization and definitive care. Again, this is an eventuality to be hoped for, but it may dismay the Fund managers when they find how many diseases, at least so far as the average American is concerned, are not preventable.

Guest Editorials

Avoiding Malpractice Suits

REASONS for the unprecedented increase in the filing of medical malpractice claims, and suggestions on how to avoid such suits, are discussed in a recent law review article.

The author states that 10,000 malpractice cases are filed every year against doctors, with jury verdicts reaching as high as the $1,500,000 recently awarded to a paralyzed anesthesia mishap victim. Surveys show that one out of six practicing physicians has had at least one malpractice claim made against him and that 57.7% of the doctors reporting carried only $50,000 to $100,000 malpractice policies. Therefore, it is essential that the medical profession be made aware of the current problems in malpractice litigation.

One of the major reasons for the increase in malpractice suits is the criticism by physicians of the work of their colleagues. The AMA has repeatedly warned against such destructive criticism, which gives ideas to an increasingly lawsuit-minded public.

Medical and legal television shows dealing with this subject have also made the viewing public malpractice conscious, and the author would like to have scripts dealing with doctors carefully screened in advance of their showing. He also warns against the thoughtless leaving in waiting rooms of medical journals containing malpractice articles.

One way a doctor can avoid being sued for malpractice is to establish and continue a good patient-physician relationship, frankly discussing the possibility of a bad result in the case before beginning treatment or surgery.

Since the winning of a malpractice lawsuit gains newspaper, television and radio coverage and encourages the filing of similar suits, the author would like to see greater percentage of meritorious cases settled out of court. This could be achieved by having local medical society groups set up "malpractice screening committees" to review charges of malpractice before they get into the courts. If the committee is convinced after a hearing that malpractice has been committed, it is then in a position to offer medical testimony for the patient in the courts if the case is not promptly settled out of court.

Another solution to the rising rate of malpractice litigation is to include in the consent forms for hospital and surgical use an arbitration clause requiring that a physician, a lawyer and an experienced scientific man, or the American Arbitration Association, be named to arbitrate any alleged malpractice disputes between patient and doctor or hospital. The removal of such cases from the courts would also result in a fairer determination, since the jurors' emotions and lack of professional background in medicine or surgery would not influence the final decision.—*RX for Malpractice,* by Albert Averbach, 19 Cleveland State Law Review No. 1, p.20 (January, 1970), published by Cleveland-Marshall College of Law, 1240 Ontario St., Cleveland, Ohio 44113.—**Reprinted from** *The Citation,* **Vol. 20, No. 8, Feb. 1, 1970.**

Hospital Emergency Care

MANY are the instances of mounting criticism of hospital emergency care. It is of no help to discount

many cases as foredoomed anyway. The public is resentful when a patient is refused admittance in one hospital and arrives dead at the next. If a loved one dies in the admitting room of a hospital for mental diseases, it is not helpful to argue that the physicians there are psychiatrists, untrained to treat medical or surgical emergencies, and without appropriate equipment. To the distraught bereaved, an MD is a physician and a hospital a hospital, where you go when in trouble.

Such a fine point as there being no beds available for public emergency service is lost upon the average person, even though there are no such beds available for adults in a children's hospital, no such beds available in a maternity or mental hospital and none available in private hospitals that do not cater to the general public.

Suggestions

There are four ways to handle this problem:

1. Create a network of state-integrated emergency facilities throughout Massachusetts by using existing and projected institutions.
2. Leave the situation as it is and possibly try to educate the public to understand that universal emergency care is not assured. We should be able to do better than that.
3. Let the situation worsen by furthering the specialization of hospitals such as those strictly for maternity; those strictly for cancer; those strictly for chronic cases; and those strictly for transplant work. This we may have to do.
4. Make it mandatory for all hospitals to accept every case alleged an emergency, at least on an interim basis. During this interim, the physician or nurse who receives the patient renders or secures the best treatment the personnel of that hospital has to offer at that time. While this care is being offered, the nurse or MD will explain, if necessary, that this particular hospital is not capable of rendering the care suitable to the case and will recommend that the patient go to another designated place.

All of the obvious impracticalities are weighed in this referral, and every attempt made to be helpful. An embolus in the femoral artery might be beyond the capabilities of a psychiatrist. The patient may not have a viable leg by the time he makes a transfer, but the amputee will be less bitter if he receives inadequate but sympathetic care rather than a refusal at the door. It may be necessary for the interim attendant to call for an ambulance from another hospital and warn the operating staff that the case is on the way. He will leave nothing for the distraught patient or his distraught companions to worry about. In some instances of first aid, a botchy job is better than none at all.

It may be wise to adopt a system of protections for hospitals and their personnel. A printed card could be given to the patient that explains why the hospital cannot give definitive care of an expert nature in a particular case. A record should be made that the card was given. It would also be wise to try to get the patient or his companion to sign a release. This would signify acceptance of the care given as similar to what would be given by a neighbor or first-aid attendant and not presumed to be any better.

It may be necessary to point up and broaden Good Samaritan laws to protect those who do their best under adverse conditions. The net result must be, however, that patients are given the best that any hospital has to offer and that this be liberally larded with sympathy and understanding. No one must be summarily refused by any hospital.—**Reprinted from** *Massachusetts Physician*, **Oct., 1969, p. 37.**

Where Will It All End?

IN Michigan, an appellate tribunal reversed a lower court which prohibited the plaintiff from using the defendant doctor as an expert witness *against* himself. The court said that, "a civil defendant has no protection against subjecting himself to liability. If his testimony will provide facts which will aid the court in arriving at a just decision, he has the duty to testify. Any loss to the sporting aspect of the adversary proceedings would be outweighed by the benefit to the judicial system." The courts therefore make quite a distinction between a murderer or rapist and a physician on trial for malpractice. The criminal is prohibited from testifying against himself.

The time-worn and flimsy excuse for liberalizing rules of evidence and new methods for proving malpractice is the "conspiracy of silence." This seems to mean that if a physician reviews the evidence and doesn't find a departure from the standard of care and cannot therefore testify that malpractice existed, he is a "conspirator" against the patient who is praying for an award. It simply is not true that every lawsuit against a doctor resulted from malpractice. If a physician has done nothing wrong, why should the plaintiff's attorneys become so irate because other physicians refuse to testify that he has?

There has been no dearth of suits against doctors in recent years, and every case has produced physicians who testified in behalf of the plaintiff. Where is the conspiracy of silence?

The "locality rule" has virtually been eliminated by the courts. In the past, the plaintiff had to establish that the defendant physician departed from the standard of practice in the community in which the doctor practiced. The theory now imposed is that because of modern transpor-

tation, communication, textbooks, TV medical education, postgraduate courses, medical literature and meetings, even the "similar community" ruling is a thing of the past. A small community without a resident radiologist, a pathologist who visits twice a week, no intensive care unit, no anesthesiologist, (perhaps a colleague who does the best he can in anesthesia in emergencies), no coronary care unit, no respiratory care unit, no interns or residents, no facilities for blood gases, no cardiologist, internist, pediatrician, allergist and so on, certainly does not give the small town doctor the same resources or ability to handle difficult and serious cases. It isn't the "wives" who are driving the doctors out of the small towns. It is the courts who hold the county practitioner now to the same standard of excellence as the physicians in the large centers with unlimited consultive and other facilities.

This and the doctrine of res ipsa loquitur, uninformed consent, recovery for mental suffering, the statute of limitations running from the time of discovery and some more permissive rulings, are in the opinion of many, as ridiculous as the recent ruling that unions have a vested interest in limiting production and it is therefore proper to fine union members for exceeding their quota.

Many professional liability carriers have withdrawn from the malpractice field. Some insurance companies will not write policies covering physicians who do any operative procedures, as a recent medical magazine article pointed out, a doctor makes thousands of life and death decisions in the course of his professional lifetime, yet if he makes one wrong decision, he may lose all he has worked a lifetime to acquire plus his professional reputation, and be unable to obtain liability insurance thereafter.

The physician shortage becomes more and more acute. Even so there is talk of re-licensing examinations at three year intervals and the training of sub-doctors. Who will accept the legal responsibility for these physician-aides? Certainly the number of M.D.s will be reduced by relicensing, and early retirement because of the inability to obtain malpractice insurance or excessive premiums. Many excellent surgical assistants are not helping on cases they do not originate because this puts them in the category four classification of a surgical specialist with current premiums of $1280.00 per year, and no end to the premium rise in sight.

I have heard, but have not confirmed the statement that plastic surgeons in Florida cannot obtain malpractice insurance at any price. Some physicians who have had claims against them are rated up to above $4000.00 a year in premiums, and you are familiar with the mass cancellations of malpractice policies in Utah and Alaska. Midwest Mutual cancelled all of their policy holders as of February 23rd. Aetna is no longer writing surgical specialists, and there is no doubt whatsoever about the courts practicing medicine. The high cost of medical care is greatly contributed to by the need for the physician to protect himself. It is questionable whether this makes for a higher standard of practice.

In Canada and Britain it is both unethical and illegal for a lawyer to accept a case on a contingency basis, and they have very few "nuisance" suits. Forty percent of a recent award for $1,500,000.00 is a pretty hefty fee for a few weeks work. What do you get for saving a life? What became of making the plaintiff pay court costs if he loses a suit? Recently a malpractice action in Flagstaff took five weeks in trial. What did this cost the taxpayers? How much important business was delayed as a result of the interminable presentation of the plaintiff's lawyer in a case that in many opinions should never have been permitted to come to court?

Will the day come when a doctor will be forced to say, "I'd like to help you, but I just can't take the risk!"

Where will it all end?—**Paul B. Jarrett, M.D. Reprinted from** *Arizona Medicine*, **July, 1969, pp. 586-87.**

AMA Annual Convention Offers Top Program to Interest All

CHICAGO, the city with a proven knack for news and a demonstrable warmth of reception for all, will host the 119th Annual Convention of the American Medical Association June 21-25.

Combining the world's largest medical meeting with the nation's convention capital provides the ideal opportunity to present a comprehensive scientific program in incomparable facilities. For the "medical family," it will all be there — postgraduate education presentations for physicians, community service stimuli for their wives in the Woman's Auxiliary's concomitant meeting, and recreational diversions for their sons and daughters.

The hub of the scientific program (which was published in its entirety in the May 4 issue of *JAMA*) will be the International Amphitheatre on Chicago's Near South Side. This huge complex, site of many of America's most memorable political conventions, is fully air conditioned and its expanse permits presenting the entire AMA scientific program on one floor under one roof.

Approximately 450 scientific and industrial exhibits will be staffed by pharmaceutical manufacturers and suppliers of medical materials and services and by many of the world's most prominent medical researchers and practitioners. All 23

sections of the Scientific Assembly will be represented. Four general scientific meetings will be addressed to Coma and the Diagnosis of Death, Conception Control and Abortion, the Role of Allied Health Professions in the Delivery of Health Care, and Family Life and the Physician.

Among the special exhibits will be fresh tissue pathology, fractures, pulmonary function, resuscitation, arthritis, and laboratory medicine.

Seven sessions under the Section of Special Topics will cover suicide, adverse reactions, drug interactions, neurological surgery, occupational diseases, plastic and maxillofacial surgery, and nuclear medicine. In addition, the 10th Multidiscipline Research Forum will present 50 papers prepared by prominent scientists.

The scientific program will also feature an extensive motion picture program, the high school student winners of AMA honors for their exhibits presented at the 1970 International Science Fair, and the winning exhibitors from the Student American Medical Association competition. The Fireside Grand Rounds are still another outstanding opportunity for physicians to discuss medical interests with eminent colleagues.

Hours of attendance at the Amphitheatre will be 10 a.m. to 5 p.m. on the opening day, Sunday, June 21, and from 8:30 a.m. to 5 p.m. on successive days to the closing on Thursday, June 25.

A special consideration is that physicians *only* will be admitted in the Amphitheatre up to 12 noon on *Tuesday, Wednesday and Thursday.* This provision will permit physicians to visit at greater length with exhibitors and concentrate upon the special features, lectures, and other scientific programs.

Another service provided by the AMA will be free bus transportation between major downtown hotels and the Amphitheatre each day. The shuttles will operate from 9 a.m. to 3:30 p.m. Sunday and from 8:30 a.m. to 3:30 p.m. on following days to the Amphitheatre; the return schedule to hotels from the Amphitheatre will be 9:30 a.m. to 6 p.m., Sunday, and 8:30 a.m. to 6 p.m. thereafter. Still another transportation convenience will be provided on Wednesday and Thursday for departing registrants: the Continental Air Transport Company will schedule bus service at 30 minute intervals from the Amphitheatre direct to O'Hare International Airport at $2 per person. On Wednesday, the buses will operate between 2:30 and 5 p.m. and from 2 to 4:30 p.m. on Thursday.—**AMA News Release.**

Editorial Notes . . .

Appendicitis is still a rugged disease. More than 1500 people died from appendicitis in the U.S. in 1967. This is a rate of 0.8 per 100,000—low but still deserving of even more lowering. The clinical story is still the same. Most of the fatalities are in patients with delayed treatment.

Travel was more dangerous in 1968 than in the four-year period just previous. Not by much, but enough to be picked up by the National Safety Council. Fatalities per hundred million passenger miles in 1968 were 0.30 up from 0.24 for domestic scheduled airlines. In the case of railroad passenger trains it was 0.10 up from 0.09; buses 0.24 up from 0.19 and passenger autos on turnpikes 1.30 up from 1.20.

The American Academy of Pediatrics has proposed that each school board district in the country have a sports medicine council. Suggested membership is the school administrator, athletic coach, trainer, physician and athlete. Functions would be to evaluate resources for health care of athletes, to implement policies of national organizations, to inspect equipment, to review circumstances of injuries and avoid recurrences, to disseminate information, and to promote conferences and continuing instruction for improvement of health and safety for athletes.

A fluid which may be used as artificial blood has been devised by Dr. Leland C. Clark, professor of research pediatrics at Cincinnati. Fluorocarbon liquids, which will dissolve 20 times as much oxygen as water and much more than does normal blood plasma, are mixed with salt water and other ingredients such as glucose. An emulsifying agent is added and the mixture is treated by ultrasonic waves which converts it to a milky emulsion of tiny particles of fluorocarbon about 1/10 the size of red blood cells. Still in the experimental stage as far as human beings are concerned, the fluid may be used to replace half the circulating blood of an animal without obvious ill effect. The artificial blood is slowly replaced by normal blood. If found adaptable to humans it will have the advantage of costing only ¼ the price of blood. No typing or cross-matching is necessary and no danger of hepatitis or other disease exists. Shelf life of the compound is unknown but must be considerable.

Oxytetracycline capsules produced by eight manufacturers and sold under generic designation have been ordered withdrawn from the market by the FDA. Pfizer, the marketer of the drug under the trade name "Terramycin," tested the generic forms and found below standard blood levels. FDA repeated the tests, agreed and recalled the eight generic forms.

It is estimated that more than 3000 patients this year will have serious reactions to penicillin, and about 300 of them will die as a result. According to the Health Insurance Institute the fact that more and more people exhibit extreme sensitivity may be due to the traces of penicillin in meat and milk. Much research has been done and is continuing in the effort to find a reliable pre-treatment test for sensitivity. So far there is no such test—the best

precaution at present is a readily available supply of adrenalin.

Nutrition study of the United States, conducted by researchers of Arthur D. Little, Inc. and Harvard University and sponsored by Miles Laboratories, indicates widespread dietary deficiencies. No definite relationship was found between faulty diets and age, geographic location, sex, occupation or status in the socioeconomic scale. Infant diets were found to be farther below optimum in well-to-do families. Dietary habits are becoming worse.

The box score on cyclamates changes frequently. The latest HEW release states that cyclamates will be restricted essentially to use in foods, and as a sugar substitute produced in tablet or liquid form. Cyclamates should be consumed only on the advice of a physician. Beverages with cyclamates were ruled off the market effective last January 1. Present inventories of canned fruits and vegetables may be marketed until September 1, 1970. In the future all food products will be labeled to show cyclamate content in the average serving.

The Medical Advisory Group on Cyclamates unanimously supports the prohibition of the inclusion of cyclamates in beverages for general use and in the future processing of general purpose foods and vegetables. It recognizes, however, that in the medical management of individuals with diabetes (and particularly in the case of juvenile diabetics), or patients in whom weight reduction and control is essential for health, non-nutritive sweeteners such as cyclamates can be a useful dietary adjunct. The advisory group is of the opinion that the medical benefits in these instances outweigh the possibility for harm and recommends that products containing cyclamates continue to be made available on advice of a physician to such patients on a non-prescription drug-labeled basis.

The transfusion of blood is now more than 7,000,000 units annually. The blood requirement is rising in many hospitals at the rate of 10% to 12% each year. Medicare patients receive 25% of the grand total. Under the federal program medicare patients are supposed to replace the first three pints each receives, but only 24% have been replaced. Only three percent of the people who are qualified to do so actually donate blood. The American Association of Blood Banks, in reporting the above statistics, urges that more eligible citizens should donate blood. Blood banks are often at a critically low level of supply due to epidemics of accidents.

A "Ghetto Medical Corps" with credit against military service is suggested by Dr. Charles A. Ragan, Jr., as a means of providing the professional staff for the clinics which are planned for the urban poor. Dr. Ragan, who is the Lambert Professor of Medicine at Columbia University and is Director, Medical Service, Harlem Hospital Center, writes editorially in the February issue of *Resident and Staff Physician* to point out that there should be another federal medical service for this purpose. It would also furnish an ideal education in the social and economic aspects of medical practice.

The use of plastic bottles for pharmaceutical items increased last year by 10% up to 350 million units. Light weight makes for easier handling and lower shipping costs and in-plant breakage is less than for glass. Eli Lilly started plastic packaging in 1958 and now sends out over 85% of all tablet and capsule products in polyethylene. Warner-Lambert and Bristol-Myers are among other drug manufacturers who are cited as switching to plastic containers.

The Atomic Energy Commission announces that an atomic battery which was placed on the moon by Apollo 12 has since operated through extremes of temperature ranging from 291 degrees below zero Fahrenheit to 283 degrees above. The nuclear generator is producing in excess of 70 watts of electricity to power five instruments which send back lunar data.

The Wright Institute of Otology of Indianapolis won first prize, Magna Cum Laude, for its exhibit at the annual meeting of th Radiological Society of North America in Chicago recently. Drs. Clifford C. Taylor, J. William Wright, Jr. of Indianapolis and A. J. Miller of Lafayette presented their work on tomography of the inner ear. An article on the process and illustrations of its radiographs was published in the January, 1970, issue of *The Journal.*

Pharmacists in Indiana, during late evening hours, can continue their education by a television program which originates from Purdue University and allows the student to talk back to the professor and ask questions as he might in a classroom. The popular program emanates from twelve locations throughout the state. It is sponsored by the Schools of Pharmacy of Purdue and Butler, and by the Indiana Pharmaceutical Association. The program was the first in the state to utilize all reception centers in the Indiana Higher Education Telecommunication System which links up the four state universities, their regional campuses and the Indiana University Medical Center at Indianapolis through a microwave network. Hundreds of pharmacists take advantage of the lectures. The series in 1970 will be on the theme of "The Drugs Affecting Mood and Behavior and their Clinical Management." ◄

The Woman's Auxiliary

REPORTS TO ISMA

A new pace, a new place and a new face. For the next year you will have to look at this face. Also I hope that there will be some words of interest.

A great year is anticipated by our auxiliary. There is so much to do and so much to learn.

We are looking forward to working closer with the Wa-Sama group as this year we will have the same goals. It is called "Explo '70" and involves the exploration of all health associated careers. It is very necessary at the moment to try to involve as many young people in these fields as possible.

Also looking forward with anticipation to our House of Delegates this month. It will be not only a fun session but a learning session too. It is also one of the best times of the year to get to know other doctor's wives from all over the state.

The April 23-24th Health Fair will be a rousing success in Indianapolis I know. The ISMA and Dr. Lowell Steen and his committees as well as auxiliary members have been working very hard for a successful meeting.

We hope to be able to help the ISMA in any way we are asked, and at the end of the year we hope we may feel a great sense of accomplishment in our efforts.

Doris M. Clouse

Campbell's Soups... wide variety...for limited appetites

Many people lose interest in food as they grow older. Some of them are fussy eaters—with only a few favorite foods. Others become indifferent to foods—because planning and preparing meals becomes a chore. Here Campbell's Soups can help —for these four very good reasons:

Appeal With a variety of tastes, textures, aromas, and colors, Campbell's Soups can add interest and appetite appeal. And they're easy to eat—ingredients are tender, bite-size. Even patients on special diets will find soups they can enjoy among the more than 50 different varieties available.

Nourishment Campbell's Soups contain selected meats and sea foods, best garden vegetables—carefully processed to help retain their natural flavors and nutritive values.

Convenience Within 4 minutes a bowl of delicious soup is heated and ready to eat.

Economy Campbell's Soups are inexpensive—an important consideration to those whose budgets are limited.

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This is the "answering service" your patient takes home with her...

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Helpful booklet saves unnecessary phone calls—Reminds her of your directions concerning her oral contraceptive schedule . . . contains supportive instructions for "Sunday starting" . . . explains in simple language many aspects of "the pill."

Packaging helps her stay on schedule—The Ovulen Compack®, with each tablet designated by day and week of cycle, shows at a glance the last day on which a tablet was taken.

Each white Ovulen tablet contains 1 mg. ethynodiol diacetate and 0.1 mg. mestranol. Each pink tablet is a placebo, containing no active ingredients.

Ovulen®-21
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"the convenient one"

NOTE: For the budget-minded woman specify Triopak™, a three-month supply (1 Compack and 2 Refills).

Actions—Ovulen acts to prevent ovulation by inhibiting the output of gonadotropins from the pituitary gland. Ovulen depresses the output of both the follicle-stimulating hormone (FSH) and the luteinizing hormone (LH).

Special note: Oral contraceptives have been marketed in the United States since 1960. Reported pregnancy rates vary from product to product. The effectiveness of the sequential products appears to be somewhat lower than that of the combination products. Both types provide almost completely effective contraception.

An increased risk of thromboembolic disease associated with the use of hormonal contraceptives has now been shown in studies conducted in both Great Britain and the United States. Other risks, such as those of elevated blood pressure, liver disease and reduced tolerance to carbohydrates, have not been quantitated with precision.

Long-term administration of both natural and synthetic estrogens in subprimate animal species in multiples of the human dose increases the frequency of some animal carcinomas. These data cannot be transposed directly to man. The possible carcinogenicity due to the estrogens can be neither affirmed nor refuted at this time. Close clinical surveillance of all women taking oral contraceptives must be continued.

Indication—Ovulen is indicated for oral contraception.

Contraindications—Patients with thrombophlebitis, thromboembolic disorders, cerebral apoplexy or a past history of these conditions, markedly impaired liver function, known or suspected carcinoma of the breast, known or suspected estrogen-dependent neoplasia and undiagnosed abnormal genital bleeding.

Warnings—The physician should be alert to the earliest manifestations of thrombotic disorders (thrombophlebitis, cerebrovascular disorders, pulmonary embolism and retinal thrombosis). Should any of these occur or be suspected the drug should be discontinued immediately.

Retrospective studies of morbidity and mortality in Great Britain and studies of morbidity in the United States have shown a statistically significant association between thrombophlebitis and pulmonary embolism and the use of oral contraceptives. There have been three principal studies in Britain[1-3] leading to this conclusion, and one[4] in this country. The estimate of the relative risk of thromboembolism in the study by Vessey and Doll[3] was about sevenfold, while Sartwell and associates[4] in the United States found a relative risk of 4.4, meaning that the users are several times as likely to undergo thromboembolic disease without evident cause as nonusers. The American study also indicated that the risk did not persist after discontinuation of administration, and that it was not enhanced by long-continued administration. The American study was not designed to evaluate a difference between products. However, the study suggested that there might be an increased risk of thromboembolic disease in users of sequential products. This risk cannot be quantitated, and further studies to confirm this finding are desirable. Retrospective studies in Great Britain and the United States have shown a statistically significant association between cerebral thrombosis and embolism and the use of oral contraceptives.

Discontinue medication pending examination if there is sudden partial or complete loss of vision, or if there is a sudden onset of proptosis, diplopia or migraine. If examination reveals papilledema or retinal vascular lesions medication should be withdrawn.

Since the safety of Ovulen in pregnancy has not been demonstrated, it is recommended that for any patient who has missed two consecutive periods pregnancy should be ruled out before continuing the contraceptive regimen. If the patient has not adhered to the prescribed schedule the possibility of pregnancy should be considered at the time of the first missed period.

A small fraction of the hormonal agents in oral contraceptives has been identified in the milk of mothers receiving these drugs. The long-range effect to the nursing infant cannot be determined at this time.

Precautions—The pretreatment and periodic physical examinations should include special reference to the breasts and pelvic organs, including a Papanicolaou smear since estrogens have been known to produce tumors, some of them malignant, in five species of subprimate animals. Endocrine and possibly liver function tests may be affected by treatment with Ovulen. Therefore, if such tests are abnormal in a patient taking Ovulen, it is recommended that they be repeated after the drug has been withdrawn for two months. Under the influence of progestogen-estrogen preparations preexisting uterine fibromyomas may increase in size. Because these agents may cause some degree of fluid retention, conditions which might be influenced by this factor, such as epilepsy, migraine, asthma, cardiac or renal dysfunction, require careful observation. In breakthrough bleeding, and in all cases of irregular bleeding per vaginam, nonfunctional causes should be borne in mind. In undiagnosed bleeding per vaginam adequate diagnostic measures are indicated. Patients with a history of psychic depression should be carefully observed and the drug discontinued if the depression recurs to a serious degree. Any possible influence of prolonged Ovulen therapy on pituitary, ovarian, adrenal, hepatic or uterine function awaits further study. A decrease in glucose tolerance has been observed in a significant percentage of patients on oral contraceptives.

The mechanism of this decrease is obscure. For this reason, diabetic patients should be carefully observed while receiving Ovulen therapy. The age of the patient constitutes no absolute limiting factor, although treatment with Ovulen may mask the onset of the climacteric. The pathologist should be advised of Ovulen therapy when relevant specimens are submitted. Susceptible women may experience an increase in blood pressure following administration of contraceptive steroids.

Adverse reactions observed in patients receiving oral contraceptives—A statistically significant association has been demonstrated between use of oral contraceptives and the following serious adverse reactions: thrombophlebitis, pulmonary embolism and cerebral thrombosis.

Although available evidence is suggestive of an association, such a relationship has been neither confirmed nor refuted for the following serious adverse reactions: neuro-ocular lesions, e.g., retinal thrombosis and optic neuritis.

The following adverse reactions are known to occur in patients receiving oral contraceptives: nausea, vomiting, gastrointestinal symptoms (such as abdominal cramps and bloating), breakthrough bleeding, spotting, change in menstrual flow, amenorrhea during and after treatment, edema, chloasma or melasma, breast changes (tenderness, enlargement and secretion), change in weight (increase or decrease), changes in cervical erosion and cervical secretions, suppression of lactation when given immediately post partum, cholestatic jaundice, migraine, rash (allergic), rise in blood pressure in susceptible individuals and mental depression.

Although the following adverse reactions have been reported in users of oral contraceptives, an association has been neither confirmed nor refuted: anovulation post treatment, premenstrual-like syndrome, changes in libido, changes in appetite, cystitis-like syndrome, headache, nervousness, dizziness, fatigue, backache, hirsutism, loss of scalp hair, erythema multiforme, erythema nodosum, hemorrhagic eruption and itching.

The following laboratory results may be altered by the use of oral contraceptives: hepatic function: increased sulfobromophthalein retention and other tests; coagulation tests: increase in prothrombin, Factors VII, VIII, IX and X; thyroid function: increase in PBI and butanol extractable protein bound iodine, and decrease in T^3 uptake values; metyrapone test and pregnanediol determination.

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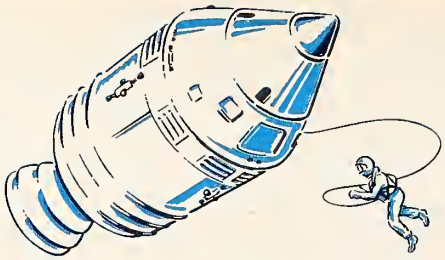

Man in space, now fait accompli, re-emphasizes the importance of Uro-Phosphate therapy. Research into the effect of space travel on the astronaut reveals that weightlessness causes loss of bone calcium. As the bones are required to bear less and less of the weight of the body they lose calcium, increasing the calcium content of the urine. When physical activity is reduced, the acidity of the urine should be adjusted to keep increased calcium in solution . . . . a prophylaxis to prevent kidney or bladder calculi.

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Lounge Talk

LLOYD L. HILL, M.D.
Peru

IN the March issue of *The Journal*, it was announced that "Lounge Talk" invites comment and opinion from any member of our organization. While this certainly is the intent of its author and those responsible for its publication, an even more provocative dialogue could be established through a polemical column by an author of differing viewpoints. Opposing attitudes presented clearly and openly through the medium of *The Journal* would crystallize the issues and allow the membership a better opportunity of obtaining a broader perspective of the struggle within organized medicine. To describe the modus operandi of our organization is a simple task; to make it functional to each member's complete satisfaction is an impossibility. The cursory understanding of representative government which an appalling number of citizens and some doctors seem to possess is a double-edged hazard.

On the left, a few evil-witted and many dim-witted politicians have perverted republican government into a ridiculously irresponsible system of assessing the sentiments of the uninformed; and have catered to their whims regardless of the consequences of establishing such half-baked ideas as policy! When garnering votes, the leftist politician harangues melodiously upon the issues, telling you all that he will do for you; but he's nowhere to be found when the true facts are finally revealed and his votes have been cast.

On the right, a different situation exists which nevertheless is equally devastating. Rightists are so rigorous in their opinions that they oftentimes will not consider another rightist viewpoint. This would not be so bad if such closed mindedness were not carried to the extreme of misdirected and unjustified animosities and ultimately to disenchantments. Is it any wonder the leftists are winning? To have firm convictions is virtuous, but to refuse to concede an alternative conservative approach is pure obstinancy and self-defeating. While the conservative members of organized medicine all agree that we are being herded along ill-advised pathways, I know very few who are in agreement on just how best to alter the course of medical practice today.

Not for one minute do I question the sincerity of conservatism of the majority of the leaders in organized medicine. I do, however, question their adamancy and determination to pursue the policies clearly established by our policy-makers. Militancy of conservatism has been procrastinated too long. The majority may rule, but often the majority can be quite undiscerning. To be a minority does not mean that we must abandon principles by supporting ideologies antithetical to everything in which we believe. Herein lies my dissent with the hierarchy of organized medicine.

Summarizing the activities of the special session of the House of Delegates March 15th can best be done by considering the resolutions in reverse order. Resolution #3 presented by Marion County was wisely withdrawn by its sponsors prior to any official consideration. Obviously, this resolution was out of order at that time since proposed amendments to the Constitution and Bylaws can only be considered at *annual* conventions.

Resolution #2 presented by Allen County illustrates the folly of instructing a delegate prior to consideration of all the facts. This can best be done by those in attendance at the meetings. The delegate must be given enough latitude to vote intelligently, based upon all the information as it is made known. Do hold him accountable for his actions, but don't hamstring him to false premises. With no evil intent in mind, Allen County had erroneously based its main objection to the ISMA-approved Blue Shield "experimental foundation system" of medical care planned for Elkhart County on the false premise that it is to be a *closed* panel system. While it tends to beg the issue, Dr. Peter Petrich, our personable chairman of the Board of Trustees, capably defended the Board's action in approving this plan as an experiment in Elkhart County only. He called to our attention that the plan will not deprive the patients involved in the system their free choice, on an indemnity basis, of seeking the services of any physician who is not a "panel doctor." While there are highly objectionable features establishing dangerous precedents yet remaining in this innovative (in Indiana at least) method of prepaid medical care, Dr. Petrich's defense mollified enough dissidents to bring about the defeat of the resolution.

Allen County's resolution #1 occupied the bulk of deliberation by the House. It was finally passed in slightly modified form after hearing discussion from both ends of the ideological spectrum and from several fence-straddlers in between. The amended resolves call for more specific action regarding the new welfare monstrosity which now is euphemistically called Medicaid. The amended resolution calls for (1) reaffirmation of condemnation of blanket fee assignment; (2) agreement to a fee assignment on an individual claim basis only—that is to say providers are to be able to withdraw at any time and vice versa *without* notice—(3) fee schedules are to be set annually upon review and agreement of local welfare boards and local medical societies and (4) grievances are to be adjudicated by local peer review systems. This writer does not fault this excessively since it does resemble more closely the system of local control which has worked so well in the past for all parties con-

cerned. However I do wait with bated breath to witness the adamancy with which our leadership executes this official policy with the power-elite socialists in Washington and Indianapolis. Don't be offended Otis, I don't consider you one of them—though powerful you may be. The four specific points above are all requisite to and a single package of official ISMA policy.

My friend (socially) and fraternity brother, Mr. Richard Kilborn, gave his "usual and customary charge" to the medical profession as president of Blue Shield by telling us we have only two alternatives concerning Medicaid—either agree by signing the assignment form or refuse to get paid for services to Medicaid recipients. This is a moronically simple approach. The speech was a thinly veiled intimidation by the chief spokesman for the "Doctor's Plan."

There are other appropriate and more effective alternatives. Litigation could and should be pursued both by the individual physician and organized medicine. ISMA has at its immediate disposal the services of competent lawyers. Acting upon this most sensitive and vital issue should receive top priority by our legal staff. It is NOT a local problem (a long abused dereliction); it is one of basic ISMA policy which diametrically opposes edicts of political demagogues. The medical profession is being placed in situations of involuntary servitude, double jeopardy, and double standards to mention only a few constitutional transgressions made by these idiotic schemes. Let's stop quaking in our boots at these socialist intimidators. We are a proud group of humanitarians who have endured the impudence of political quacks too long. Our cause is right and just. A legal confrontation must ensue in the immediate future. Daniel Webster once said, "God grants liberty only to those who love it, and are always ready to guard and defend it." May God grant us liberty! ◄

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NATIONAL SAFETY COUNCIL ®

What's New?

The newest thing for hospitals is safety belts for wheelchairs. J. T. Posey designed the belt to encircle the patient's waist and engage in a reciprocal slide in front of the abdomen and then fasten to opposite spurs in the rear of the chair seat. Primary purpose is to prevent the occupant from falling from the chair while asleep. It is also a safety factor for "cowboy" wheelchair drivers.

* * *

Schepps Dairy of Dallas announces the development and production of the first imitation milk made with liquid safflower oil to reduce saturated fat content. Schepps Poly-Hi has a ratio of four to one in the amount of polyunsaturated fats to saturated fats. It has the flavor and texture of cows milk and is made from fresh skimmed milk, liquid safflower oil, non-fat milk solids, partially hydrogenated soy bean oil, mono- and diglycerides, artificial flavoring and coloring and Vitamins A and D.

* * *

Elco Bio-Medical Equipment has a new lightweight battery-operated instrument (Pulsemeter) which provides immediate audio-visual observation of human pulse beats. It operates on a nickel-cadmium battery which is rechargeable. It may be attached to fingers, toes, nostrils or earlobes and records on a visual meter scale or provides a flashing light or audible signal.

* * *

J. T. Posey markets a transport seat which is ideal for transporting a patient short distances in crowded areas. The seat may remain under the patient during plane trips or while he is in a wheel chair. Straps which extend from the seat over attendants' shoulders on each side may be removed or left attached. The seat is recommended for moving invalids on and off planes or other vehicles.

* * *

The Simoniz Company is introducing two powdered concentrates for carpet treatment. SHOCK PROOF® is an anti-static material which not only stops carpet shock but also reduces the frequency of vacuuming and shampooing. Propital-90® is the first product of its kind for the control of bacteria and fungi in carpet fibers. It is recommended especially for carpeted areas in hospitals. Both products come in containers suitable for definite square yardages of carpet. Neither substance will injure the material nor alter its color or appearance.

* * *

The Diagnostest blood chemistry system by Dow Chemical has added a total serum protein determination. The Diagnostest kits have proven to be both rapid and simple to operate and produce accurate results. Previous test kits of the series measure hemoglobin, glucose, cholesterol, urea nitrogen, uric acid and total bilirubin.

Matheson Scientific has a newly-designed blood collecting chair which provides maximum donor protection and contains many conveniences for the operator. The chair section is comfort-contoured, has an adjustable arm rest for collecting and a locking arm rest to prevent the donor from slipping from the chair. A storage drawer is provided in the cabinet section.

* * *

J. T. Posey has a new type cast cover. Made of water repellant material, it is designed to improve appearance and protect the cast from soiling. It is made for men and women in small, medium and large sizes, with either zipper or Velcro enclosure.

* * *

Smith Kline & French have a mobile theater of medical information. It is contained in a bus-like vehicle and will make visits to hospitals. It is temperature controlled and furnished for informational exhibits by way of mini-films. Other health and pharmaceutical displays are at hand. The van carries its own power source for lighting, heating and air-conditioning, and will have a telephone with facilities for plugging into the hospital switchboard when parked near a hospital. Doctors will be invited to take their coffee break in the vehicle while seeing the latest medical films. Name—Eskavan.

* * *

Doubleday has released a book entitled "What You Can Do About Cancer." The author is Dr. Joseph C. Maroon of Indiana University School of Medicine. The book is written for laymen to provide enough valid information to allay the fears and anxieties which cause many patients to procrastinate with diagnosis and treatment.

* * *

RhoGAM RH_0 (D) Immune Globulin (Human) is being marketed by Ortho Diagnostics. It is injected into an Rh negative mother within 72 hours after each delivery of an Rh positive infant, or following a spontaneous or therapeutic abortion, to prevent the development of active immunity against Rh positive red blood cells. This procedure protects a subsequent pregnancy against erythroblastosis fetalis.

* * *

Honeywell has a six-page brochure which contains the architectural specifications for installing patient monitoring systems in hospitals. Honeywell builds the monitors and, either under lease or purchase arrangements, connects them to the in-the-wall facilities furnished by the hospital. The brochure contains instructions for the hospital part of the installation.

* * *

Becton-Dickinson announces a sterile, disposable, polypropylene catheter adapter. It is suitable for a wide range of uses with rubber and plastic tubes in a variety of sizes. It is packaged in individual blister packs and may be sterilized again if necessary. It was designed for use with the B-D Plastipak syringe with Luer-Lok tip. ◀

Medical Civics

(The Ecology of Medical Practice)

The Sophomore Introduction to Medicine Series
March 12, 13, 16, and 17, 1970
Indiana University School of Medicine
Course Syllabus

DON E. WOOD, M.D.*
Indianapolis

THIS course is the first of its kind to be offered at Indiana University School of Medicine. Its purpose is threefold, in that it is designed first to define the interrelationships between the physician and society; secondly, to sensitize physicians to the determinants of health care and finally to delineate the alternatives in health care delivery systems and to promote intelligent evaluations of them. The interrelationships to be discussed include judicial, ethical, economic, and sociological. The determinants of health care include the basic resources of manpower, facilities, and biomedical knowledge, as well as the organization and financing mechanisms necessary to translate these resources into health services for the consumer. Since the effective implementation of health policies is usually determined more by political processes than by technological limitations, the political realities and issues affecting heath care are also discussed.

Just as it is impossible to master the whole of internal medicine or surgery in medical school, it is likewise impossible to become completely acquainted with the problems of economics, ethics, law, sociology, and the organization of health care delivery systems. However, the subject matter of these additional disciplines is becoming increasingly relevant for the medical school curriculum. Our intent is to acquaint graduate medical students with a basic understanding of these areas of study as they relate to the practice of medicine. Hence, the course content should be viewed as providing a framework for continuing education in the interdisciplinary problems surrounding health care delivery and as an attempt to enable a more creative physician-response to the pressing health problems of contemporary society.

> The task of medicine is to promote health, to prevent disease, to treat the sick when prevention has broken down and to rehabilitate the people after they have been cured. These are highly social functions and *we must look at medicine as basically a social science.* Medicine is merely one link in a chain of social welfare institutions that every civilized country must develop. If we have a malajustment today, it is to a large extent due to the fact that we have neglected the sociology in medicine. For a long time we concentrated our efforts on scientific research and assumed that the application of its results would take care of itself. It did not, and the technology of medicine has outrun its sociology.
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> Henry E. Sigerist,
> *Civilization and Disease*
> (p.241)

Participant: Cleon H. Foust, Dean, Indianapolis Law School, Indiana University-Purdue University at Indianapolis

I *Medical Jurisprudence*

A discussion of the fundamentals of civil responsibility in our legal system, forensically oriented so that a physician may make preliminary judgments of his own concerning the legal consequences of a given line of conduct. A brief outline of the types of criminal conduct a physician may encounter and basic courtroom procedure are also included. (Indiana laws discussed in lecture may be found in *Burns Statutes*, available through Law School Library).

Topics covered include the following: 1. Difference between civil and criminal law; 2. Battery; 3. Negligence and degrees of fault; 4. Reasonable man; 5. *Res ipsa loquitur;* 6. Good Samaritan statute; 7. Informed consent; 8. Battered child; 9. Malpractice; 10. Captain-of-the-Ship Doctrine; 11. *Respondeat superior;* 12. How to avoid malpractice; 13. Privileged communication; 14. Statute of limitations; 15. V. D. in minors; 16. Courtroom procedure; 17. Expert witness; 18. Medical student, intern, resident legal obligations; 19. Conspiracy of silence.

Participant: Roy H. Behnke, M.D., Professor of Medicine, Indiana University School of Medicine

II. *Medical Ethics and Social Responsibility*

The purpose of this section is to explore selected current ethical problems in medicine, including such topics as transplantation, research on human beings, abortion, contraception, euthanasia, and medicine and religion. The physician's responsibility to the individual patient, as well as responsibility to his medical colleagues are topics that will be discussed. The responsibility of the

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* *Curriculum Committee*: Don E. Wood, M.D., Chairman. Department of Medical Economics; Jack Hickman, M.D., Assistant Dean for Student Affairs; Roy H. Behnke, M.D., Professor of Medicine; Darrel A. Regier, senior medical student; and Tom Brooks, sophomore medical student.

physician to society as a whole will also be considered, including the following areas: insuring equal access to health care as a right; responsibility to comment on health aspects of social conditions, such as hunger, child abuse, overcrowding, etc.; and quality control and peer review of medical care.

Participants: The Rev. Wm. H. Hudnut III, Second Presbyterian Church, Indianapolis, Indiana; James O. Ritchey, M.D., Distinguished Professor of Medicine Emeritus, Indiana University School of Medicine; Cleon H. Foust, Dean, Indianapolis Law School; Dana L. Shires, Jr., M.D., Assistant Professor of Medicine and Member of the Transplant Committee, I.U. School of Medicine; Roy H. Behnke, M.D., Moderator.

The panel will be responsible for discussing the aforementioned topics, as well as additional ethical issues affecting medicine.

Participant: Ernest B. Howard, M.D., Executive Vice-President, American Medical Association

III. *Organized Medicine*

A brief history of U.S. medicine will be presented with special emphasis on the role of the American Medical Association. The scientific, service, and political activities of the AMA will be discussed in light of the major health policy decisions facing our society today. The advantages and disadvantages of, as well as alternatives to the AMA—both as a professional society and as an organization responsive to the needs of our society—will be considered.

Participant: Raymond H. Murray, M.D., Professor of Medicine, I.U. School of Medicine

IV. *Organization of Health Care Delivery*

The organization of local primary care facilities and forms of practice will be discussed with special emphasis on the neighborhood health centers. More traditional forms of practice including solo, group practice, and hospital outpatient and emergency room practice will be discussed. Problems consequent to the delivery of health care to populations with special needs (e.g., inner-city, rural, aged, and the chronically ill) will be explored.

Participant: Everett A. Johnson, Ph.D., Hospital Administrator, Methodist Hospital, Gary, Indiana.

The metropolitan organization of health care will be viewed in light of the problems encountered in coordinating hospital services. Those special problems of the hospital in establishing incentives for economy and increased physician and hospital productivity are emphasized.

Participant: Robert B. Stonehill, M.D., Coordinator, Indiana Regional Medical Program, Professor of Medicine, I.U. School of Medicine

National and regional health care organization will be discussed in light of recently enacted health legislation. The intent, structure, and activities of the Comprehensive Health Planning Act (PL 89-749 and PL 90-174) and Regional Medical Programs (PL 89-239) will be described. Particular emphasis will be given to the activities of the Regional Medical Program in Indiana. The future of comprehensive health planning and regional medical programs will be examined in light of the need for better coordination between national health programs.

Participant: Morris Green, M.D., Chairman, Department of Pediatrics, Indiana University School of Medicine

V. *Medical Sociology*

Socio-cultural considerations are of major etiologic importance in the causation of both physical and psychological disease in children, as well as in the child's eventual educational and social attainments. In this discussion, the relationship between biologic, social, physical and environmental factors will be considered through presentation of data relating both to populations of patients and to individual physician-patient relationships.

Participant: Edwin Brown, M.D., Chairman, Department of International Medicine, Indiana University School of Medicine

Major emphasis will be given to discussion of the concepts of epidemiology. Methods for studying disease and health care in populations will be reviewed, and the differences in the study of disease in populations as compared to the study of disease in individuals will be considered. Because of the lecturer's special interest, the problems of delivering health care in underdeveloped nations will be mentioned, with parallels drawn to health care services for the United States' indigent.

Participant: Frank Robinson, Ph.D., Professor of Social Work, Indiana University Graduate School of Social Service

The place of the medical social worker in the health care team will be the principle topic of discussion. The present responsibilities of the medical social worker, as well as the need for innovation in applying social work's knowledge, values, and skills in medical organizations will be delineated.

Participant: T. F. Zimmerman, Ph.D., Director, Department of Health Manpower, American Medical Association

VI. *Health Care Manpower*

The descriptions, distributions, and shortages of traditional health manpower form the basis for an understanding of the development of new health occupations. The economic implementation and developmental problems of the new health occupations such as the physician's assistant, the pediatric nurse practitioner, and others will be discussed. The concept of the health care team, including physicians, nurse, social worker, and neighborhood worker will also be discussed.

Participant: Joseph Green, M.D., Professor of Neurology, Indiana University School of Medicine

VII. *International Comparisons of Health Care Delivery*

An outline of the European health care systems, particularly those of Great Britain and Denmark, will be given for comparison with the U.S. delivery system. An attempt will be made to gain a better understanding of our own evolving health care system in light of the experience of other advanced Western nations.

Participant: Darrel Regier, senior medical student, Indiana University School of Medicine

VIII. *Medical Economics*

General economic principles basic to an understanding of medical economics will be presented. The role of the government in economics, the goals of the economy, and the unique role of the nonprofit institution in the economy will be discussed as they relate to health care delivery.

Participant: Don E. Wood, M.D., Chairman, Department of Medical Economics, Indiana University School of Medicine

This presentation will employ a developmental approach (utilizing political and

economic perspectives) in discussing the current pluralistic U. S. health care delivery system—from the turn of the century to the present. Brief reference will be made to recent health legislation and to present legislative health proposals. This discussion is intended to set the stage for the panel's consideration of political realities and issues affecting health care.

Participants: Richard C. Kilborn, President, Blue Shield Medical Service; John A. Norris, Indiana State AFL-CIO; William Sterrett, Director, Indiana State Department of Public Welfare; Don E. Wood, M.D., Chairman, Department of Medical Economics; Darrel Regier, senior medical student

IX. *Political Realities and Issues Affecting Health Care*

Introductory statements will be made by the representatives of Blue Shield, organized labor, and the chief state administrator of Medicaid and Medicare. Issues under discussion will include consumer control of health care delivery, e.g., the role of labor unions, private insurance companies, and other consumer groups. Implications of current health legislation including Medicaid, Medicare, and the proposed bills for national health insurance will be highlighted. An attempt will be made to formulate some predictions regarding the future of the American Health Care delivery system, particularly in the areas of organization and financing of health services.

Comment

The course was well attended. The class participated with many questions. ◄

From *The Journal* 50 Years Ago

The pandemic which has just passed over this country, attacking in some communities at least 30 per cent of all individuals (and probably a higher percentage than this since not many of the mild cases would be recognized), killing about 4 per cent of these, complicated with pneumonia in about 15 per cent of those affected, of whom about 33⅓ per cent died, does indeed deserve our careful study, not so much because of the evil it has done, but because of its sequelae which must now be treated and of its possible return which is to be feared. The problem is not one of the past, but of the future. If it is true that this epidemic is likely to return this autumn and the coming winter, then we as physicians should give our patients as well as the community in which we practice our best advice and assistance to prevent a repetition of the horrors of last winter.

Will it return? It has already reappeared. Can we prevent it? No, but we can lessen its ravages.

Let us review some of the important features of the past epidemic. We call it "la grippe" or "influenza," but its popular name, the "flu," although an objectionable abbreviation has certain advantages and may in the long run prove more accurate. This term has been used and very widely of this epidemic and of this only. We do not yet know that this disease is due to the same organism or organisms as those of past years called la grippe or influenza, and until we are certain on this point it would be a mistake to identify it with them even in name. The flu certainly is a very acute infection with an incubation period of two days; it is evidently very contagious and would seem to be spread by those whose symptoms have not yet appeared. In other words, it is during the few hours before a man knows that he is sick that he spreads the disease to others, and once sick he is no longer a source of danger to others. The onset is fairly sudden, and the chief symptoms are malaise, headache, nausea, anorexia, vomiting, and a hard, often dry cough so severe as sometimes to rupture the lung. Of the many physical signs, two deserve emphasis: the flaming throat, especially the flaming hard palate; and the leukopenia, the white blood cells numbering seldom over 4,000 to 5,000, and sometimes not over 2,000, two signs sufficient for diagnosis even in those who feel quite well . . . . Charles P. Emerson, M.D., Indianapolis, "Clinical Manifestations and Sequelae in Influenza," *JISMA*, May, 1920.

Medico-Legal Conflict in Drug Usage*

OTIS R. BOWEN, M.D.
Bremen

IN these days when the overwhelming cry is for the support of law and order, and when law and order are indispensible to the very existence of our nation, it is difficult for those responsible for law enforcement to do so when there is contradictory thinking and action among our scientific and governmental leaders in their definition of and their thoughts on how to handle the addiction problem. Such lack of unanimity of opinion creates medico-legal conflict. I would add early in my remarks though that there is less disunity now than at any previous time and it appears as if the disunity will continue to lessen.

It is my opinion that the matter, however, must be studied from both angles. The reason the person is an addict may be medical, but the things he does to support his addiction are most often criminal and thus legal problems.

Addiction has been defined by the World Health Organization as: "A state of periodic or chronic intoxication produced by the repeated consumption of a drug (natural or synthetic). Its characteristics include: 1. an overpowering desire or need (compulsion) to continue taking the drug and to obtain it by any means; 2. a tendency to increase the dose; 3. a psychic (psychological) and generally a physical dependence on the effects of the drug; 4. an effect detrimental to the individual and to society."

Definitions Differ

The President's Advisory Commission on Narcotics and Drug Abuse, Final Report 101, 1963, defines drug addiction as the compulsive use of chemical agents which are harmful to the individual, to society, or to both.

Research shows that pharmacologists have one definition, psychiatrists another, sociologists another and law enforcement officials still another.

Some drugs are addicting and some persons are addicted by one definition and not by another.

Reliance on drugs by the people of our present generation is unequaled in the history of mankind. For many, life depends on drugs. There are pills to calm us and pills for pep; pills to help gain weight and pills to lose it; pills to avoid conception and more pills to help it.

Drugs are, however, two-edged swords. They may save lives as well as wreck lives. It all depends on the prescriber and the user. Some of our most dangerous and habituating drugs are very useful under proper circumstances and in the proper hands.

The abuse of drugs today poses a major health problem and creates a real social danger.

The immediate past Commissioner of the U. S. Food and Drug Administration, James L. Goodard, M.D., said: "More and more of us are becoming dependent on drugs, hiding from the realities of life—or using them just for thrills. Drug abuse cannot be connected only with narcotics users. The alarming rise in the abuse of stimulant, depressant and hallucinogenic drugs cuts across all strata of society."

From Maine to California and from the Dakotas to Louisiana, no state is free from the use and abuse of drugs; it takes on greater importance and causes more apprehension when we also know that from Harvard to Berkeley and from Alabama to Minnesota that no campus seems to be free of this problem. We have to come up with better answers in this next generation to prevent an epidemic of trip-takers, acid heads and potheads. The contagion, although centered on college campuses, also infects high school students. Although it involves more youth than older people, and cities more than small towns, there is no age group nor area immune.

We're All Pill-Pushers

True narcotic addiction is high in the urban and the poor but the affluent who can't sleep or who can't awaken or feel comfortable without drugs numbers in the millions. The latter may be barbiturates, laxatives, amphetamines, tranquilizers, pain killers or gas reducers—but the taker is hooked on them. There is no social stigma attached to these even though I sometimes think the taking of some of the more expensive tranquilizers may be considered as a status symbol by some.

No one really knows how many are involved for the problem is too new for an accurate head count. The indicators however are: there are twelve billion amphetamine and barbiturate tablets, and I don't know how many millions and millions of tranquilizers manufactured in the United States annually; about half of these, it is estimated, are diverted into illegal channels; arrests for the sale of illicit drugs were up 400% in some communities in 1967 alone. Police estimate that between 15% and 50% of teenagers in any suburban community may be experimenting with marijuana.

In 1967 a survey of 2,800 students in two high schools in Great Neck, New York, an upper middle class

* Reprinted from *The Journal of School Health*, Vol. XXXIX, No. 3, page 165, March, 1969.

area, showed that eight percent admitted smoking marijuana; six percent taking barbiturates without a doctor's prescription, and two percent using LSD or DMT. The district attorney of Nassau County, New York, estimated that one child of every six was experimenting with barbiturates, amphetamines or marijuana.

Burnell H. Blanchard, supervisor of southern California branch of the state's narcotic bureau, said he is finding more major peddlers in high schools. Mr. Blanchard said that his undercover agents are even being offered marijuana in ton lots.

The pitiful part, however, can be the parental attitude. When 22 teenagers in Queens, New York, were apprehended for selling or possessing LSD, marijuana, barbiturates and amphetamines, one anguished mother told the *New York Times*, "I'm still in shock; he was never deprived of anything. Do you know what this does to us? We'll have to move; we live in a small community."

The youthful disciples of Leary and Ginsberg seem to follow their leaders advice: "Light up the candles, let's tune in, turn-on and take off."

Adults, middle income and up, often have a dual problem: alcohol then pills to calm the hangover, pills to pep them up and then drink again to relax. Most of these people get their drugs from a legal source—the doctor or the druggist. Some doctors are probably too lenient with their bill-paying customers. Others are duped by the patient who goes from doctor to doctor collecting prescriptions and taking them to different drugstores; some steal prescription pads and forge prescriptions, alter the amounts and dosage and some impersonate a doctor and telephone prescriptions to a pharmacy.

A careful physician, and truly 99% are, cautiously weighs the potential harm of a drug against the potential good, then prescribes accordingly. The nonmedical or unsupervised use holds no safeguards, only hazards.

To rid the nation of the criminal part, one must get at the cause, which is medical. But medically we cannot rid ourselves of the problem without a legal approach and without legal help. Persons need to be apprehended, incarcerated or institutionalized before medical rehabilitation can occur.

The attack must be directed at the source—not only for the cure of those using and abusing but also to help prevent more such unfortunates from falling into the same trap. It is better and cheaper to prevent than to cure after the malady develops.

The average citizen seems to feel that there should be stiffer penalties but also realizes that if the causes are not removed, that the use and abuse will increase in spite of the severity of the penalty. The certainty of apprehension and penalty is more important than how severe the penalty may be.

"Help of the Highest Quality"

Dr. Stanley Yolles, director of the National Institute of Mental Health, said in the Monday, July 15th, 1968, issue of the *Medical Tribune* that progress can and must be made toward reaching the "kind of society in which mental and emotional illness can develop only with difficulty and in which all those in need can find in their own communities help of the highest quality." He told the House Appropriations Committee that "while the task remains formidable . . . we take pride in our successes to date and inspiration from the importance of our activity."

At the end of 1967, he noted, resident patients in mental hospitals numbered 426,000. This amounts to 26,000 fewer than a year earlier and 133,000 fewer than in 1955, the year when the downward trend began. If the old pattern had continued uninterrupted we would now have 717,000 patients in our mental hospitals, 291,000 more than is actually the case.

Obviously such advances could not have been made without a varied research base, ranging from basic laboratory studies to the evaluation of new preventive and treatment programs. Basic laboratory studies in biologic, psychologic, social and cultural factors of human behavior have involved innovative methods and have been yielding dividends.

Dr. Yolles said "of special importance is the use of epidemiologic studies as a vehicle for assessing the programs' effectiveness," and that "advances in our various programs are gratifying but we are aware that they remain empty unless, in some form, they reach on target: the citizen in his community who stands in need of mental health services."

For this reason NIMH is focusing attention on specific target groups such as the narcotic addict rehabilitation program. So, hopefully, stress is being placed on the need of modifying an outdated, rigid and inequitable system for delivery of services into one that is flexible, accessible and geared to contemporary mental health needs of the American community.

This requires trial of various methods for various areas, for various types of drugs, and under the supervision of various specialists in their field; eventually, in a generation or so, the best methods can be sifted from all of the trials and society will be the winner.

Drugs and Their Actions

Let's catalogue the various drugs and quickly mention their action, their possible medical use and their risks of abuse. The ones in which we are most interested when we talk about use and abuse are: the hallucinogens, the stimulants, the depressants, and the narcotics.

I. Hallucinogens:

This group of drugs emerging from relative obscurity has provoked more controversy and has attracted the attention of more people than any drug in history.

The hallucinogenic drugs are also called psychodysleptic, psychotogenic, and psychotomimetic because of the psychotic-like symptoms that they induce; they are also called psychedelic which means mind-manifesting.

The hallucinogens, although relatively new in experimental medicine, are derived from plants familiar to ancient and primitive societies and were used both in war and in peace. The Aztecs and the Viking berserkers munched on poisonous hallucinogenic mushrooms to work themselves into appropriate warlike or religious moods.

Today, some Indians continue to use peyote buttons (cut-off tops of the peyote cactus) in the religious rites of the Native American Church, whose membership in the U. S. and Canada numbers over 200,000.

Moreau de Tours in 1845 first used hashish on normal and gifted subjects and concluded that mental illness could be reproduced by it. The hallucinogenic effect of LSD was discovered accidentally in 1943 by a Swiss chemist named Albert Hofmann.

1. Marijuana (pot, grass, boo), no medical use; causes altered perceptions and impairs judgment.

2. Peyote (cactus, the button, tops, moon, full moon, the bad seed, P.); the active drug in it is mescaline (mesc or big chief); has no medical use; has the same action as marijuana. Peyote is also capable of causing psychosis. Peyote is usually supplied in button form and taken orally, either chopped or ground, in gelatin capsules or brewed with tea or chewed while drinking coffee, tea, wine or milk to cover its bad taste. Others comparable to peyote are psilocybin, psilocin and bufotenine.

3. LSD (acid, hawk, the chief, the beast, 25, the ghost, crackers) is 400 times more powerful than peyote. The chemical from which LSD derives its name is lysergic acid diethylamide. It has no proven medical use and possibly can cause psychosis. It can also possibly alter chromosome anatomy. The dangers of adverse reactions appears greater in emotionally unstable and psychopathic persons: yet, these are the very ones who are attracted to its use.

4. DMT (dimethyltryptamine). Same description as LSD.

5. STP (unidentified chemical but suspiciously received its name from the oil additive with the same name with initials standing for scientific treated petroleum). It has about the same properties as LSD except its action is more intense and lasts three to four days.

II. Stimulants:

1. Cocaine, medically used as a local anesthetic for mucus membranes, especially of the eye, nose and throat.

2. Benzedrine (bennies), used in the treatment of obesity, narcolepsy, fatigue and depression. It can cause nausea, high blood pressure, irritability, confusion, delirium, and aggressiveness.

3. Dexedrine (dexies, co-pilots, pep pills); same description and uses and toxic symptoms as benzedrine.

4. Methedrine (crystals, pep pills); same description.

III. Depressants:

1. Barbiturates.

a. Nembutal (yellow jackets); used as a sedative; can cause incoherence, depression, and respiratory arrest.

b. Seconal (red birds); same uses and toxicity as nembutal.

c. Luminal (purple hearts); same description.

d. Amytal (blue heavens); same description.

2. Non-barbiturates.

a. Miltown or Equan'l; same uses and toxicity as above.

b. Doriden; same description.

c. Librium; same description.

IV. Narcotics:

1. Opium. Used medically for pain; overdose causes loss of appetite, temporary impotence, and central nervous system depression.

2. Morphine. Same description.

3. Heroin. Not used medically but has same type of toxicity.

The old traditional method of treatment of addicts—hospitalization, gradual reduction of the drug dosage, plus some psychotherapy—but with no outpatient program to sustain them on release, results in 90% returning to their original habit of taking drugs within six months. These figures are from the United States Public Health Service's Narcotics Hospital in Lexington, Kentucky.

The California Plan

Rapidly becoming known as the best method of treatment is that used in California. Thousands of addicts have "kicked" their habit and are returned to society as normal and useful citizens as a result of the largest treatment program ever undertaken in this country.

The California plan was launched in September, 1961, and it consists of compulsory treatment in a rehabilitation center, followed by enrollment in an outpatient program. The rehabilitation center is located at Corona, about 50 miles from Los Angeles and is technically a penal institution. It has a staff of 500. In six years time, 2,100 addicts were in the treatment center participating in a process of group living and group therapy designed to end their dependence on their habit. The typical inmates are classified as 42% white, 12% Negro, and 45% white of Mexican descent. 2,300 more were outpatients, allowed to live in the community as long as they remained off of drugs. For the average patient who was admitted for addiction to heroin, the patient admitted to starting on it at the age of 20.

One of every three of the 2,300 outpatients have been drug free for one to three years. Two of three have been "clean" for under a year.

When they have been off drugs for

three years straight, they are released from the program. By July, 1967, 239 had won release. Only one of the 239 has been known to backslide.

These people need outpatient help because the slightest rebuff from a friend, society, or family will tempt them to return to drugs.

Some, in fact about half, of the patients who are released return to the rehabilitation center within a year because they feel the temptation becoming too great. To do so they simply have to ask their parole agent to recommit them. The second go-round of treatment has seemed to give them a much better chance of success.

Dr. Victor Vogel, former medical director of the Lexington Narcotics Hospital and current chairman of California's Narcotic Addiction Evaluation Authority says: "There is no doubt that this is the best program in the country for narcotic addicts."

California employs treatment in the beginning that is compulsory. Ninety-seven percent are committed involuntarily by court order. Once inducted, the therapy has to be willingly undertaken by the patient if success is expected to be achieved. California commits only for the "hard drugs" like heroin, not amphetamine or barbiturates. The three percent voluntary enrollments are for six months to two and one-half years while compulsory commitments are for six months to seven years, with the length of stay dependent on their progress. Release from the center inpatient program to the outpatient program is possible in six months. Even if therapy proves ineffective, in seven years the individual is finished with the program but he may be recommitted for another seven years.

The cost is $7,000,000.00 per year.

The rehabilitation center does not have to face the problem of withdrawal symptoms because the patient has already been through this while in the hospital or jail awaiting commitment. The problem then is to deal only with the psychological addiction. This is accomplished by trying to change his way of life and by each patient helping the other through group therapy, through mobilization and strengthening of his will power and desire so that he will not weaken even under stress. For the many who are illiterate, classes are provided, vocational education is taught and preparation for life in society is stressed.

When a patient has progressed adequately by showing self-control and self-awareness, the staff recommends him for the outpatient program but only after the patient appears before a four member Narcotic Evaluation Authority. Before he leaves for outpatient therapy, a job has been secured for him, living arrangements in the community approved and a parole agent assigned. Halfway houses are available in Los Angeles where those just released may stay for a few months.

The parole agent checks with the patient once a week to make sure that he is avoiding the on-the-street temptation and that he has truly overcome his habit. The patient attends a weekly outpatient group session and frequent medical exams to make sure he has not reverted to narcotics.

New York state studied the California program and was impressed sufficiently to adopt a similar program that started last year. A federal program along the same lines passed Congress in 1966 apparently with the idea that rehabilitation on a large scale can work if properly endowed and sponsored.

An interesting "aside" is rather than medico-legal conflict, there may develop government-private treatment conflict in the treatment of narcotics users.

Synanon

Time Magazine, July 12th, 1968, issue tells about an apparently excellently run private institution called Synanon located in Santa Monica, California. It is a halfway house for narcotics users and is based on a combination of self-help, trust and group therapy and it boasts that as few as 20% of their patients suffer relapses compared to 90% of drug addicts at federal hospitals. So successful is Synanon that five affiliates have sprung up over the country.

Nonetheless, California's narcotic agents raided Synanon and removed two of their 700 vountary inmates. These two, however, happened to be on parole from the California Narcotic Rehabilitation Center. They were taken to a nearby narcotics center and ordered to take tests that would tell if they were actually "clean." California law does stipulate that narcotics parolees are subject to periodic surprise testing. On the advice of Synanon's lawyers, the two refused to submit to the tests so they were sent back to the state-run rehabilitation center at Corona to serve out their full terms.

Synanon has been putting on a campaign to establish complete jurisdiction over its patients, totally free of state control. The California Court of Appeals has said that state authorities could not prevent a parolee from living at Synanon and could consider Synanon's program as the equivalent of surprise testing.

President Hurst of Synanon argues that the morale of every Synanon resident has been damaged by the state's action. He said, "Morale here is very important. You've got to bare your soul, rebuild your whole personality in a demanding two- or three-year process. For it to work, you've got to feel completely safe."

The two patients remain loyal to Synanon's principles and have still refused to be tested; they also, as far as I know, are still at Corona.

The New York Problem

In *The Journal of the American Medical Association*, July 15, 1968, issue, Dr. Leon J. Hekimian, M.D., and Samuel Gershon, M.B., B.S., D.P.M., told of their study of 112 drug abusers admitted to Bellevue

Psychiatric Hospital. Every fifth admission from January to July, 1967, was used in the study. Their study reflected the increasing problem of drug abuse. Heroin users alone, they estimated, were costing New York City $10,000,000.00 per day in crimes to support their habit. They found that about 50% of those admitted for the drug abuses were also considered schizophrenic before taking the drug. So, they felt that protracted psychotic states, thought to be due to drug ingestion, may be due in fact to pre-existing mental disturbance.

Two main causes seemed evident from their study: 1. a desire for euphoria, possibly stemming from depression and 2. influence of friends or environment. So, this fact might suggest a "contagiousness" and an endemic factor. Most all patients had used more than one drug before their hospitalization. Five percent of all the 20,000 annual admissions to Bellevue Psychiatric Hospital (exclusive of alcohol and prescribed drugs) are drug offenders.

Facts concerning heroin users: mean age 29.5 years; males predominate 21 to one. The criminal rate of heroin addicts was 70% with the mean daily expense of $75.00 to support the habit.

There was no evidence that narcotic addiction had genetic or familial basis although 24% of the heroin users had an addicted relative. It was felt that there was an endemic, environmental or contagious factor superimposed on a sociopathic character defect.

Facts concerning marijuana users: most of this group were severely emotionally disturbed and unstable. Up to 50% of them were schizophrenic; the majority lived alone but few had criminal records. This was probably due to the fact that procurement of marijuana was much less expensive.

Almost all amphetamine users were male and there was a high incidence of psychosis after use.

Facts about LSD users: LSD has been blamed for causing psychosis and it may well be so, but Dr. Hekimian says that many LSD users were schizophrenic before taking LSD. So the question of which comes first is the problem in many instances. In addition, to confuse the picture, many LSD users, in fact 40 of the 47 of the Hekimian and Gershon group, had taken marijuana, amphetamines or heroin before LSD. Thus the issue is obscured. Are the prolonged adverse psychotic reactions to the psychedelic drugs due to the drug per se, or are they in fact due to pre-existing psychiatric illnesses with the added insult of the drugs and finally the insult of several LSD trips?

During a ten month period in 1965, 65 patients whose average age was 22, were admitted to Bellevue Hospital in New York City due to acute psychosis resulting from unsupervised use of LSD. The predominant symptoms were overwhelming fear, uncontrolled violent urges and strong auditory hallucinations; two had attempted suicide, 12 appeared to have underlying psychosis or schizoid personalities; 30 recovered in less than 48 hours and 11 in a week; in six, psychotic manifestations persisted for a prolonged period. This was a report of D. B. Louria in *Resident Physician* in the September, 1966, issue.

More and more LSD users are ending up in hospitals with psychosis. Reports also show that LSD may damage chromosomes—the particles that dictate our inherited characteristics. The possible effect on future generations is frightening.

An Escape Mechanism

Why do people take drugs? Adults and kids take them for different reasons. Adults take them for an artificial escape from hard realities that result from pressures and demands of society which are too much to bear and cause excessive anxieties from which they want to escape. Kids take them as a form of rebellion, for kicks, for curiosity and in a way for escape—for example, anything that enlarges the parameters of the mind is sought after by the intellectual youth.

Research psychologist Richard H. Blum at Stanford University's Institute for Study of Human Problems reported, after an extensive study of 200 addicted persons of all ages selected at random in the San Francisco bay area, that an addict:

1. Was more often white than colored.
2. Was more often divorced than not.
3. "Earned" more than the average man.
4. Had fewer political ties than the average.
5. Tended to rebel against authority.
6. Frequently expressed dislike of his parents, himself and his work.
7. Had strong likes and dislikes.
8. Was compulsive about his activities.
9. Showed numerous signs of inner conflict.
10. Said he used drugs for religious motives or for self-analysis.
11. Gave a history of frequent use of medicinal drugs in childhood.

The by-products of addiction are crime, unemployment, poverty, loss of human dignity, loss of ability to fulfill a meaningful and productive role in society, and physical and mental damage to the user himself.

Addicts can be rehabilitated and returned to useful lives only through long periods of treatment in a controlled environment with a supervised after-care program. In this way the addicts need for medical psychological, and vocational rehabilitation are provided while at the

same time safeguarding the individual's liberty.

Treatment is in four phases: withdrawal, convalescence, rehabilitation, and after-care.

A state can choose a variety of methods and combination of methods of prevention and regulation:

1. Impose criminal sanctions against unauthorized manufacture, prescription, sale, purchase or possession of narcotics.

2. Establish programs of compulsory treatment for those addicted with penal sanction imposed for failure to comply.

3. Establish public health educational programs.

4. Ameliorate the economic and social conditions that permit addiction to flourish.

With the close association of drug addiction and mental illness, it seems to me that we cannot make it a criminal offense for a person to be mentally ill any more than we can for him to be a leper or to have a venereal disease. If narcotic addiction is an illness, then the methods of approach should be comparable.

Fundamentally addiction and drug abuse must be attacked medically, socially and legally. It must involve every segment of society and all levels of government.

So the term medico-legal conflict should be changed to medico-legal-social cooperation if a solution is anticipated. I believe this is happening now. ◄

304 N. Center St.
Bremen 46506

Application Processing in AMA's New MD Recognition Award Program Slowed by "$5 Fee Forgetfulness"

Processing of many applications for the AMA's "Physician's Recognition Award" is being delayed because applicants are not sending the $5 fee with their applications. About one-third of the 1,772 physicians whose applications were received during just one week in late autumn neglected to enclose checks for the fee, which partially covers costs involved in reviewing, evaluating and validating applications. Lack of sufficient information also has made it impossible to validate some applications.

Some physicians apparently misunderstand the intent of the award, which is to encourage all physicians to continue their education on a regular basis. Many physicians have praised the program, but others have rejected it because they are under the false impression that it questions their professional or educational qualifications. Some general practitioners mistakenly believe that the continuing medical education program required for membership in AAGP automatically makes them eligible for the AMA Award. Not so. One of the many differences is that only those courses listed in the Continuing Education Number of *JAMA* (first issue each August) are creditable. AAGP-accredited courses are determined by individual state chapters.

Application forms and a pamphlet outlining general requirements for the Physician's Recognition Award have been mailed to all U.S. physicians. Information required includes specific educational activity, sponsor, inclusive dates and credit hours. Completed forms should be returned to Department of Continuing Medical Education, AMA, 535 N. Dearborn St., Chicago, Ill. 60610.

The awards program was approved by the AMA House of Delegates in 1968; it is open to all physicians in the U.S. without regard to citizenship or AMA membership. An applicant with a medical degree from a foreign school may be considered if he is fully licensed to practice medicine in a state, or is certified by the Educational Council for Foreign Medical Graduates.

A total of 150 credit hours is needed to be eligible for the award.

Licensure Failures, Licenses Granted to Physicians by Board of Medical Registration and Examination of Indiana

The Board of Medical Registration and Examination of Indiana has announced that the physicians listed below have failed the examination for Indiana licensure.

FAILURES

NAME	Medical School	Date of M.D. Degree	Date of Last Previous Failure	Permanent or Present Address (Number and Street)
APOLONIO, Domingo G.	Univ. of Santo Tomas	4-30-48	Dec. 1969	Broadview Heights, Ohio
ARIGIROFF, Newena	Friedrich Alexanders Univ.	3-28-49	Dec. 1969	Lincolnwood, Ill.
BABATURK, Hidir	Univ. of Ankara	12-15-55	Dec. 1969	Staunton, Virginia
BATACAN, Rasario A.	Univ. of Santo Tomas	3-31-49	Dec. 1969	Elgin, Illinois
BAZZANO, Gaetano	Univ. of Rome	11-19-56	Dec. 1969	St. Louis, Missouri
BOLAT, Ihsan	Univ. of Istanbul	6-22-53	Dec. 1969	Dixon, Illinois
CAPOBRES, Rudolfa S.	Manila Central Univ.	6-1-54	Dec. 1969	Mantena, Illinois
CASTILLO, Leonel R.	Univ. of Santo Domingo	10-28-59	Dec. 1969	Madison, Indiana
CHAMPAGNE, Fred	Republic of Haiti	11-28-62	Dec. 1969	Chicago, Illinois
CHOE, Sung Ook	Seoul Natl. Univ.	3- -33	Dec. 1969	Dwight, Illinois
CHONA, Alfredo A.	Natl. Univ. of Columbia	3-15-56	Dec. 1969	Indianapolis, Indiana
CUA, Rasito L.	Univ. of Santo Tomas	3-30-55	Dec. 1969	Lockport, New York
CUALOPING, Nathaniel Y.	Univ. of Santo Tomas	3-29-53	Dec. 1969	Kankakee, Illinois
YAP, Felicisimo D.	Manila Central Univ.	4-15-57	Dec. 1969	Westville, Indiana
De GRACIA, Benjamin B.	Manila Central Univ.	6-1-51	Dec. 1969	Lincoln, Illinois
DelMURO, Francisco	Univ. of Guadalajara	7-13-56	Dec. 1969	Chicago, Illinois
DESCHAMPS, Domenico J.	Univ. of Santo Domingo	10-28-53	Dec. 1969	Gary, Indiana
DIMATULAC, Conrado Y.	Univ. of Santo Tomas	4-30-48	Dec. 1969	Indianapolis, Indiana
ESTACIO, Belen T.	Univ. of Santo Tomas	3-30-55	Dec. 1969	Munster, Indiana
FERNANDO, Amelia C.	Univ. of Santo Tomas	3-22-58	Dec. 1969	Joliet, Illinois
FORONDA, Pablo L., Jr.	Univ. of Santo Tomas	3-24-57	Dec. 1969	Chicago, Illinois
GRANDA, Armando B.	Univ. of Havana	8-2-54	Dec. 1969	Indianapolis, Indiana
GUERRERO, Manuel W.	Univ. of Santo Domingo	10-28-56	Dec. 1969	Raifard, Florida
GUZMAN, Lourdes L.	Univ. of Santo Tomas	3-30-55	Dec. 1969	Warrensville Heights, Ohio
KIM, Kyung O.	Ewha Woman's Univ.	2-28-57	Dec. 1969	Hicksville, N. Y.
LIEVA, Florentino E.	Manila Central Univ.	4-15-56	Dec. 1969	Hazelwood, Missouri
LUCIANO, Remedios C.	Univ. of Santo Tomas	3-30-55	Dec. 1969	Cincinnati, Ohio
MADARANG, Rosito P.	Univ. of Santo Tomas	3-23-48	Dec. 1969	Munster, Indiana
MARTIREZ, Emmanuel A.	Manila Central Univ.	8-31-57	Dec. 1969	Chicago, Illinois
MEDRANO, Cresenciano A.	Univ. of Santo Tomas	1-24-59	Dec. 1969	St. Louis, Missouri
NATIVIDAD, Peregrino A.	Univ. of Santa Tomas	3-30-55	Dec. 1969	Welch, West Virginia
PARK, Soonduk	Seoul Women's Med. Coll.	3-21-53	Dec. 1969	Falls Church, Virginia
PAVILIONIS, Jonas	Karl Franzens Univ.	4-2-57	Dec. 1969	Logansport, Indiana
PERALTA, Josefa B.	Manila Central Univ.	4-22-53	Dec. 1969	Chicago, Illinois
PICHON, Jase Bongay	Univ. of Santo Tomas	1-23-56	Dec. 1969	Chicago, Illinois
PONTAOE, Alejandro G.	Univ. of Santo Tomas	3-30-55	Dec. 1969	Staunton, Virginia
PRUDENCIO, Jose G.	Manila Central Univ.	8-22-53	Dec. 1969	Elgin, Illinois
ROQUE, Salud	Univ. of Santo Tomas	3-29-53	Dec. 1969	Deerfield, Illinois
RYU, Ki Chin	Yonsei Univ. Coll. of Med.	3-25-41	Dec. 1969	Chicago, Illinois
SALADAR, Rafael S.	Manila Central Univ.	3-31-60	Dec. 1969	Riverdale, Illinois
SOTO, Carmen L.	Univ. of Havana	9-25-54	Dec. 1969	Ravenna, Ohio
TARUC, Martin O.	Univ. of Santo Tomas	3-24-56	Dec. 1969	West Seneca, New York
TERAN, A. L.	Univ. of Santo Tomas	4-30-46	Dec. 1969	Dixon, Illinois
ULRICH, Rafaela Manoz	Univ. of Santo Domingo	10-28-58	Dec. 1969	Chicago, Illinois
VALDEZ, Romulo C.	Manila Central Univ.	6-30-56	Dec. 1969	Randolph, Vermont
VELUZ, Mario I.	Manila Central Univ.	6-5-49	Dec. 1969	Westville, Indiana
VERGARA, Marcelino M.	Univ. of Santo Tomas	7-5-50	Dec. 1969	Northfield, Ohio
VERGEL DE DIOS, Dominga	Univ. of Santa Tomas	4-30-48	Dec. 1969	Hamilton, Ohio
VILLA, Benjamin	Natl. Autonomous Univ.	9-3-57	Dec. 1969	Michigan City, Indiana
YRAY, Rizolino N.	Manila Central Univ.	4-15-56	Dec. 1969	St. Louis, Missouri
UY-CHAND, Erlinda	Univ. of Santo Tomas	3-28-63	Dec. 1969	Akron, Ohio

The Board of Medical Registration and Examination of Indiana has announced the following physicians have passed the examination for Indiana licensure.

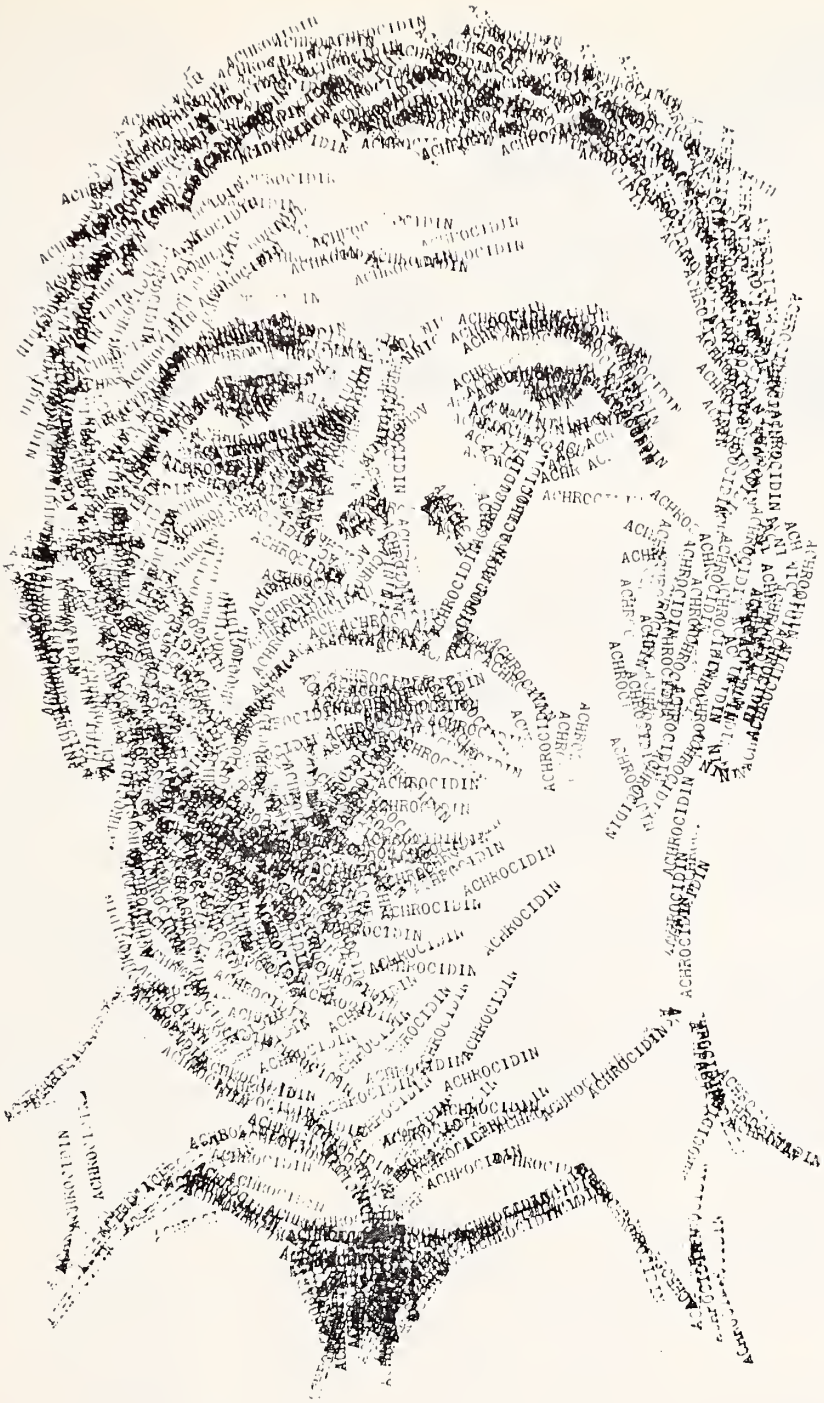
THE FOLLOWING APPLICANTS PASSED:

License Number	NAME	Year of Birth	Place of Birth	Medical School	Date of M.D. Degree	Date of License	License Withheld and Reason for Same	Permanent or Present Address (Number and Street)
23091	ABELLA, Jose B	1937	Philippines	Cebu Institute of Technology	3-31-62	1-29-70	Holding for Decl. of Intent.	1146 W. Manton, Chicago, Ill.
23092	ABUD-ORTEGA, Ariel F.	1942	Moroyo, Nicoroguo	Natl. Univ. of Autonoma	10-10-66	1-29-70	Decl. of Intent.	Saskatoon, Canada
23093	AGDINAOAY, Coridad C.	1930	Philippines	Manila Central Univ.	5-15-55	1-29-70	Decl. of Intent.	Cleveland, Ohio
23094	AKIN, Ali Nevzat	1927	Afyon, Turkey	Univ. of Istanbul	10-22-51	1-29-70	Decl. of Intent.	Dawnsview, Calif.
23095	ALAVI, Iltifat Ahmed	1936	Jhanjhana, India	Univ. of Karachi	9-7-60	1-29-70	Decl. of Intent.	Chicago, Ill.
23096	ALBERTO, Tiburcio P.	1934	Philippines	Univ. of the Philippines	4-17-60	1-29-70		Warrensville Hgts., Ohio
23097	ALCANCIA, Maximino R.	1922	Philippines	Manila Central Univ.	6-1-51	1-29-70		Cleveland, Ohio
23098	ALCANTARA, Mercedes O.	1940	Philippines	Univ. of the Philippines	5-30-65	1-29-70	Decl. of Intent.	Joliet, Ill.
23099	ANIBARRO, Gustavo B.	1932	Sucre-Bolivia	San Francisco Xavier Univ.	11-24-58	1-29-70		Chicago, Illinois
23100	ANTOINE, Yvetat M.	1935	St. Marc, Haiti	State Univ. of Haiti	11-28-62	1-29-70		Chicago, Illinois
23101	ARIAS, Aquilino A.	1934	Cuba	Univ. of Havana	12-21-60	1-29-70		Garfield Heights, Ohio
23102	AUGUSTIN, Cesar	1930	Cayes, Haiti	Univ. of Haiti	7-28-56	1-29-70		St. Louis, Mo.
*22668	AVELLANA, Francisco D.	1935	Cebu City, Philippines	Univ. of Santo Tomas	3-20-59	8-13-69		Cincinnati, Ohio
23105	BAISHNAB, Radha Raman	1940	East Pakistan	Univ. of Dacca	9-19-63	1-29-70		Cleveland, Ohio
23104	AZAR, Maurice Mahseni	1932	Turkey	Teheran Univ.	11-1-57	1-29-70	Decl. of Intent.	Camillus, N. Y.
23106	BARANGAN, Virgilio C.	1940	Philippines	Univ. of Santo Tomas	5-18-65	1-29-70	Decl. of Intent.	Chicago, Ill.
*23107	BARRETT, Ivan Richard	1944	Indianapolis, Ind.	Ind. Univ. Sch. of Med.	6-9-69	1-29-70		Riverside, Calif.
23108	BASA, Arturo S.	1938	Sarmoan, Pampanga	Far Eastern Univ.	10-4-63	1-29-70	Decl. of Intent.	Cleveland, Ohio
23109	BERG, II, Samuel W.	1943	Hammond, Ind.	Ind. Univ. Sch. of Med.	6-8-70	1-29-70	Medical Diploma	Bloomington, Ind.
23110	BUESER, Rudsen M.	1939	Philippines	Univ. of Santa Tomas	3-28-63	1-29-70	Decl. of Intent.	Chicago, Ill.
23111	BURGA, Roger E.	1934	Lima, Peru	Univ. of San Marcos	12-3-62	1-29-70	Decl. of Intent.	Chicago, Ill.
23112	CABANA, Emila C.	1940	Philippines	Univ. of Santo Tomas	3-28-63	1-29-70	Decl. of Intent.	Chicago, Ill.
23113	CASTILLO, Carlos A.	1940	Argentina	Univ. of Buenos Aires	12-27-63	1-29-70		Cleveland, Ohio
23114	CHAN, David Sung-Sut	1933	Shanghai, China	First Shanghai Med.	9-19-59	1-29-70	Decl. of Intent.	Chicago, Ill.
23115	CHIN, Mary Chih-Fang	1920	Manchuria, China	Natl. Hsiang-Ya Med. Sch.	5-30-53	1-29-70		Butlerville, Ind.
23116	CHOE, Kyung Hang	1933	Kyungju, Korea	Kyungpook Natl. Univ.	9-30-58	1-29-70	Decl. of Intent.	Chicago, Ill.
23117	CLAUDIO, Adelina A.	1937	Manila, Philippines	Far Eastern Univ.	4-9-60	1-29-70	Decl. of Intent.	Schaumburg, Ill.
23118	CLAUDIO, Manuel Florida	1938	Manila, Philippines	Univ. of the East	4-15-62	1-29-70	Decl. of Intent.	Schaumburg, Ill.
23119	CLEMENTE, Jose P.	1931	Manila, Philippines	Univ. of Santo Tomas	3-20-59	1-29-70		Lincoln, Ill.
23120	COLIGADO, Eduarda Y.	1936	Cebu City, Philippines	Univ. of the Philippines	4-15-62	1-29-70	Decl. of Intent.	Warrensville Heights, Ohio
23121	CRUZ, Pedro A.	1931	Cartagena	Univ. of Cartagena	3-18-60	1-29-70		Pittsburgh, Pa.
23122	CRUZ, Sidney R.	1941	Manila, Philippines	Far Eastern Univ.	5-29-65	1-29-70	Decl. of Intent.	Chicago, Ill.
23123	CUSTODIO, Camia A.	1933	Philippines	Univ. of Santo Tomas	3-22-58	1-29-70		Chicago, Ill.
23124	DeGUZMAN, Rodolfo L.	1927	Manila, Philippines	Univ. of Santo Tomas	4-3-54	1-29-70		Maple Heights, Ohio
*22711	Del POZO, Jesus	1933	Spain	Univ. of Madrid	2-3-59	8-13-69		Lakewood, Ohio
23126	Del ROSARIO, Leonarda S.	1936	Manila, Philippines	Univ. of Santo Tomas	3-24-60	1-29-70		Warrensville Heights, Ohio
23127	DIMBILOGU, Mustafa E.	1927	Cankiri, Turkey	Univ. of Istanbul	12-30-52	1-29-70		Newberry, Mich.
23128	EL-ISSA, Sa'd Issa	1926	Jaffa, Palestine	Am. Univ. of Beirut	6-25-51	1-29-70		Terre Haute, Ind.
23129	ENRIQUE, Nelida O. R.	1934	Philippines	Univ. of Santo Tomas	3-24-60	1-29-70	Decl. of Intent.	Warrensville Hgts., Ohio
23130	ENRIQUE, Romeo C.	1935	Philippines	Univ. of Santo Tomas	3-24-60	1-29-70	Decl. of Intent.	Warrensville Hgts., Ohio
*22723	ERCAN, Metin Mustafa	1931	Istanbul, Turkey	Univ. of Istanbul	11-30-55	1-29-70		Springfield, Ohio
23132	ERHAN, Melih	1924	Istanbul, Turkey	Univ. of Istanbul	1-28-49	1-29-70		Coro, Michigan
23133	GANJI, Nasser	1934	Iran	Teheran Univ.	12-61	1-29-70	Decl. of Intent.	Chicago, Illinois
23134	GHAZI-ZADEH, Darius	1936	Sanandaj, Iran	Teheran Univ.	2-62	1-29-70		Louisville, Ky.
23135	GOZAR, Alfonso G.	1925	Philippines	Univ. of Santo Tomas	4-1-52	1-29-70		Warrensville Hgts., Ohio
23136	GUEVARA, Frenito B.	1930	Philippines	Manila Central Univ.	4-15-55	1-29-70		Marion, Indiana
23137	HUANG, Chen-Ya	1937	China	China Med. Coll.	6-65	1-29-70		New York, N. Y.
23139	JEROME, Mathurin	1935	Haiti	Univ. of Haiti	11-28-62	1-29-70		Chicago, Ill.
23138	HWANG, Tin-Chaw	1933	Taiwan	Kaohsiung Med. Coll.	6-22-64	1-29-70	Decl. of Intent.	Chicago, Ill.
23140	JETMORE, David L.	1945	Ft. Wayne, Ind.	Ind. Univ. Sch. of Med.	6-8-70	1-29-70	Medical Diploma.	Huntertown, Ind.
23141	KAMPANI, Shanta Nair	1939	India	Univ. of Madras	8-26-64	1-29-70		Cleveland Ohio
23143	KONOWITZ, Michael Ray	1944	LaPorte, Ind.	Ind. Univ. Sch. of Med.	6-8-70	1-29-70	Medical Diploma.	Indpls., Ind.
23144	KORNHÁUSER, Tibor	1928	Mexico City	Univ. Nacional Autonoma	12-16-55	1-29-70		Skokie, Ill.
23142	KAZMIERSKI, Eugeniusz	1931	Poland	Warsaw Med. Academy	4-5-63	1-29-70		Cleveland, Ohio
23145	LAGUMBAY, Zenon Maamo	1933	Philippines	Far Eastern Univ.	4-7-62	1-29-70	Decl. of Intent.	Chicago, Ill.
23146	LALWANI, Vidya	1937	Pakistan	Univ. of Bombay	2-8-64	1-29-70		Cleveland, Ohio
23147	LEE, Yauk Rin	1936	Korea	Yonsei Univ.	3-2-59	1-29-70		Chicago, Ill.
23148	LOPEZ, Enrique	1933	Madrid, Spain	Univ. of Madrid	5-10-58	1-29-70	Decl. of Intent.	Bensenville, Ill.
23149	MACATANGAY, Edelino L.	1934	Philippines	Far Eastern Univ.	4-8-61	1-29-70		Williamson, W. Virginia
23150	MANZANO, Edmundo V.	1939	Philippines	Far Eastern Univ.	11-17-62	1-29-70	Decl. of Intent.	Lyons, Ill.
23151	MARGARIDE, Luis A.	1937	Buenos Aires	Univ. of Buenos Aires	2-26-62	1-29-70		Syracuse, N. Y.
23152	MEDINA, Federica S.	1935	Philippines	Univ. of the Philippines	4-17-60	1-29-70		Warrensville Hgts., Ohio
23153	MOLTAJI, Mohammad R.	1937	Iran	Teheran Univ. Fac. of Med.	3-62	1-29-70		Indianapolis, Ind.
23154	MUTLU, Guneri	1932	Turkey	Univ. of Istanbul	5-31-56	1-29-70		Salem, Ohio
23155	ORTIZ, Juan F.	1931	Dom. Republic	Univ. of Santo Domingo	10-28-57	1-29-70		Lawrenceburg, Indiana
23156	PAMINTUAN, Florina G.	1937	Philippines	Univ. of Santo Tomas	3-24-61	1-29-70		Chicago, Ill.
23157	PANGILINAN, Andres G.	1937	Philippines	Univ. of Santo Tomas	3-28-62	1-29-70		Bedford Heights, Ohio
23158	PARTOVI, Parviz	1936	Iran	Univ. of Teheran	5-61	1-29-70		Louisville, Ky.
23159	PATEL, Ashvin K.	1938	India	Grant Medical Coll.	8-24-64	1-29-70	Decl. of Intent.	Park Forest, Ill.
23160	POTTER, William Zeigler	1945	Charleston, S. C.	Ind. Univ. Sch. of Med.	6-8-70	1-29-70	Medical Diploma.	Bloomington, Ind.
23161	RAMOS, Jesus Asung	1938	Philippines	Univ. of Santo Tomas	3-24-61	1-29-70		Fairview Park, Ohio
23162	ROSALES, Marino N.	1932	Philippines	Univ. of Santo Tomas	3-24-56	1-29-70		Munster, Indiana
23163	SALVO, Briccio E.	1937	Philippines	Far Eastern Univ.	11-23-63	1-29-70	Decl. of Intent.	Chicago, Ill.
23164	SANCHEZ, Dalares A.	1930	Lakawanna, N. Y.	Univ. of Guadalajara	12-19-59	1-29-70		Logansport, Ind.
23165	SARKAR, Anil K.	1928	Pakistan	Univ. of Calcutta	9-11-54	1-29-70		Terre Haute, Ind.
23166	SCHWIN, Robert L.	1939	Evanston, Ill.	Ind. Univ. Sch. of Med.	6-9-69	1-29-70		St. Paul, Minn.
*22866	SEMERDJIAN, Aram	1938	Beirut, Lebanon	Univ. of St. Joseph	6-25-64	1-29-70		Gary, Indiana
23167	SERRANO, Jose N.	1932	Cabrera, Colombia	Natl. Univ. of Colombia	9-7-57	1-29-70		Tulsa, Okla.
23168	SINNATHAMBY, Kuddythamby	1932	Manipay, Ceylon	Kasturba Med. Coll.	2-25-56	1-29-70	Decl. of Intent.	Dayton, Ohio
23169	SUZUKI, Akira	1929	Japan	Tokyo Med. Coll.	3-29-56	1-29-70		South Euclid, Ohio
23170	TAN, Antero C.	1937	Philippines	Univ. of Santo Tomas	3-24-61	1-29-70		Brooklyn, New York
23171	TAYLOR, Bernard Glen	1943	Gary, Indiana	Ind. Univ. Sch. of Med.	6-9-69	1-29-70		Gary, Indiana
23172	TELLE, Richard Dean	1943	Lafayette, Ind.	Ind. Univ. Sch. of Med.	6-8-70	1-29-70	Medical Diploma.	Indianapolis, Ind.
23173	TEZEL, Hazan	1923	Istanbul, Turkey	Univ. of Istanbul	4-4-49	1-29-70		Cleveland, Ohio
23174	THOMPSON, Nancy Elaine	1941	Bloomington, Ind.	Ind. Univ. Sch. of Med.	6-9-69	1-29-70		Indianapolis, Ind.
23175	TINIO, Wilfrida M.	1940	Philippines	Univ. of the East	6-11-66	1-29-70	Decl. of Intent.	Chicago, Ill.
23176	TUASON, Leo B.	1929	Philippines	Univ. of Santa Tomas	4-3-54	1-29-70		Dayton, Ohio
23177	ULGADO, Edmundo S.	1926	Quezon City, Philippines	Univ. of Santa Tomas	3-29-53	1-29-70		Hamilton, Ohio
23178	VARGAS, Andres I.	1932	Philippines	Univ. of Santo Tomas	3-24-57	1-29-70		Warrensville Hgts., Ohio
23179	VILLANUEVA, Onofre Q.	1924	Philippines	Univ. of Santo Tomas	7-26-56	1-29-70		Buffalo, N. Y.
23180	WOODBURN, Robert T., Jr.	1941	East Chicago, Ind.	Ind. Univ. Sch. of Med.	6-9-69	1-29-70		Sacramento, Calif.
23181	YEH, Shuk Man	1931	Canton, China	Shantung Med. Coll.	7-55	1-29-70	Decl. of Intent & Transcripts.	Chicago, Ill.
23182	YOUNG, Pantalean N.	1928	Manila, Philippines	Manila Central Univ.	4-15-55	1-29-70		Kankakee, Ill.
23183	ZEVALLOS, Alfredo	1934	Arequipa, Peru	Natl. Univ. of San Marcos	12-12-62	1-29-70		Kansas City, Mo.
				D.O.				
492-E	SPENCE, Robert Alexander	1920	Park Ridge, N. J.	Kirksville Coll. of Osteo. & Surgery	9-16-44	1-29-70		South Bend, Ind.

* Awaiting Declaration of Intent or Medical Diploma.

Licenses to practice medicine in the state of Indiana have been granted by endorsement of credentials to the following physicians:

NAME	Year of Birth	Place of Birth	Medical School	Date of M.D. Degree	License or Credentials Presented by Candidate	Date of License	Permanent or Present Address (Number and Street)
ARAUJO, Tomas Rodolfo	1937	Colombia	Nat'l. Univ. of Colombia Sch. of Med.	9-20-63	Illinois	12-11-69	Hammond, Ind.
FERNANDEZ-TENGSICO, Rosario	1913	Philippines	Aflable Col. of Med. Manila, Philippines	3-15-41	Philippines	12-11-69	Scottsburg, Ind.
NORDSCHOW, Carleton Deane	1926	Hampton, Iowa	Iowa Col. of Med.	6-12-53	Iowa	12-11-69	Indianapolis, Ind.
GARLIKOV, Ronald Steven	1945	Dayton, Ohio	Univ. of Cincinnati Col. of Med.	6-15-69	Ohio	12-11-69	Indianapolis, Ind.
GREIDER, Lester Stanley	1912	Dauphin, Penn.	Hahnemann Med. Col. of Med.	6- 6-40	Pennsylvania	12-11-69	Lafayette, Ind.
LUMENG, James	1937	Philippines	Univ. of Southern California Sch. of Med.	6-14-62	Illinois	12-11-69	Indianapolis, Ind.
RAND, Bernard Owen	1933	Bedford, Ky.	Univ. of Louisville Sch. of Med.	6- 7-59	Kentucky	12-11-69	New Albany, Ind.
TRZPUC, Dennis James	1942	Edgely, N. Dak.	Wayne State Univ. Sch. of Med.	6-18-68	North Dakota	12-11-69	Indianapolis, Ind.
GORELIK, Marcus	1936	Argentina	Univ. of Buenos Aires Fac. of Medicine	1- 3-63	Illinois	1-13-70	Munster, Ind.
PAGE, Oliver Wendell, Jr.	1933	St. Louis, Mo.	Meharry Med. Col.	6- 9-58	Georgia	6-19-69	Indianapolis, Ind.
SCHANZ, George Pease	1940	Wheeling, W. Va.	Ohio State Univ. Col. of Med.	6-14-66	Ohio	12-11-69	Indianapolis, Ind.
GARCIA, Manuel Geneta	1940	Philippines	Univ. of Philippines Sch. of Med.	4- 7-63	Vermont	1-13-70	Indianapolis, Ind.
VITUG, Fausto R.	1914	Philippines	Univ. of Santo Tomas Sch. of Med.	3-16-40	Philippines	12-11-69	Indianapolis, Ind.
CAMUS, Manrique Gonzales	1912	Philippines	Univ. of Santo Tomas Sch. of Med.	3-31-38	Philippines	1-22-70	Indianapolis, Ind.
CHAPMAN, Robert Stanton	1941	Eugene, Oregon	Univ. of Oregon Med. Sch.	6- 7-68	Oregon	11-12-69	Indianapolis, Ind.
DIAMOND, Jack Lewis	1909	Brooklyn, N.Y.	Univ. of Nebraska Col. of Med.	6- 4-34	Illinois	12-11-69	Evansville, Ind.
GALINIS, Algimantas Jos.	1940	Datnuva, Lithuania	Georgetown Univ. Sch. of Med.	6- 6-66	Illinois	1-22-70	Long Beach, Ind.
KRIFCHER, Charles	1934	Havana, Cuba	Tulane Univ. Sch. of Med.	5-29-61	Louisiana	1-22-70	Gary, Ind.
LANDY, Gail	1935	Wilmington, Del.	Western Reserve	6-12-63	Connecticut	1-22-70	Indianapolis, Ind.
NEWMAN, Milton A.	1916	Portland, Ore.	Rush Med. Col.	3-20-42	Utah	1-22-70	Logansport, Ind.
RAYMUNDO, Luciano Cabate	1928	Manila, Philippines	Univ. of Santo Tomas	3-24-57	Michigan	1-22-70	Gary, Ind.



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Tetracycline HCl—Antihistamine—Analgesic Compound

Each tablet contains: ACHROMYCIN® Tetracycline HCl 125 mg.; Phenacetin 120 mg.; Caffeine 30 mg.; Salicylamide 150 mg.; Chlorothen Citrate 25 mg.

ACHROCIDIN Tetracycline HCl—Antihistamine—Analgesic Compound Tablets and Syrup are recommended for the treatment of tetracycline-sensitive bacterial infection which may complicate vasomotor rhinitis, sinusitis and other allergic diseases of the upper respiratory tract, and for the concomitant symptomatic relief of headache and nasal congestion. For children and elderly patients you may prefer caffeine-free ACHROCIDIN Syrup. Each 5 cc contains: ACHROMYCIN Tetracycline equivalent to Tetracycline HCl 125 mg.; Phenacetin 120 mg.; Salicylamide 150 mg.; Ascorbic Acid (C) 25 mg.; Pyrilamine Maleate 15 mg.

Contraindications: Hypersensitivity to any component.

Warning: In renal impairment, since liver toxicity is possible, lower doses are indicated; during prolonged therapy consider serum level determinations. Photodynamic reaction to sunlight may occur in hypersensitive persons. Photosensitive individuals should avoid exposure; discontinue treatment if skin discomfort occurs.

Precautions: Drowsiness, anorexia, slight gastric distress can occur. In excessive drowsiness, consider longer dosage intervals. Persons on full dosage should not operate vehicles. Nonsusceptible organisms may overgrow; treat superinfection appropriately. Treat beta-hemolytic streptococcal infections at least 10 days to help prevent rheumatic fever or acute glomerulonephritis. Tetracycline may form a stable calcium complex in bone-forming tissue and may cause dental staining during tooth development (last half of pregnancy, neonatal period, infancy, early childhood).

Adverse Reactions: *Gastrointestinal*—anorexia, nausea, vomiting, diarrhea, stomatitis, glossitis, enterocolitis, pruritus ani. *Skin*—maculopapular and erythematous rashes; exfoliative dermatitis; photosensitivity; onycholysis, nail discoloration. *Kidney*—dose-related rise in BUN. *Hypersensitivity reactions*—urticaria, angioneurotic edema, anaphylaxis. *Intracranial*—bulging fontanels in young infants. *Teeth*—yellow-brown staining; enamel hypoplasia. *Blood*—anemia, thrombocytopenic purpura, neutropenia, eosinophilia. *Liver*—cholestasis at high dosage.

Upon adverse reaction, stop medication and treat appropriately.

Lederle LEDERLE LABORATORIES, A Division of American Cyanamid Company, Pearl River, New York 10965

535-9

DAY BY DAY WITH THE F.D.A.

The death of a 14-year-old boy in Kansas City has been attributed to the fact that he sprayed his throat with some spray-on shortening from a pressurized can. Neighborhood children had been inhaling the product to temporarily change their voices. Death was presumably not due to toxicity of the product but to laryngospasm. The spray evidently froze the larynx.

* * *

The problem of permanent pesticides is illustrated by the report that 40 acres of carrots in Arizona were plowed under because of endrin contamination. The pesticide had been applied to this field five years earlier. Similarly, in Florida, several boatloads of cucumbers raised in Yucatan were destroyed because of excess endrin content.

* * *

The Indiana Division of Food and Drugs, last year, supervised the salvage of merchandise from three drug stores damaged by fire. Damaged prescription type drugs were safeguarded to prevent entry into non-legitimate channels. Merchandise destroyed amounted to value of $62,500 and goods salvaged came to $55,500.

* * *

The FDA at Cincinnati detained a shipment of 1440 "Happy Birds" (a glass novelty toy) because they contained a toxic substance, methylene chloride, and were not so labeled.

* * *

Authorities in the state of Washington are looking for the person who improperly discarded a three-gallon can which had contained an organic phosphate pesticide. A three-year-old boy handled the empty can and developed pesticide poisoning severe enough to require hospitalization.

* * *

Shelled pecan pieces valued at $400 were seized at Noblesville, Indiana, because the product had been prepared and packed under insanitary conditions in South Carolina, and was heavily contamined with Escherichia coli.

* * *

Mixed truck shipments of food, drugs, and toxic chemicals continue to present problems due to leaking containers. The Pacific Intermountain Express voluntarily reported a ton of candy, bread and drugs contaminated by leaking thiophenol. A large van shipment from Peoria, Illinois, included parathion and benzene hexachloride, both of which leaked and spoiled foods and drugs. Deliveries were made in many cities in Ohio, Michigan and Canada but all were traced and withheld from commerce.

* * *

Twenty-eight cases of black-eyed peas were seized in Kansas City because they contained an excessive number of stones.

* * *

A lot of 117,000 conjugated estrogen tablets was seized in Los Angeles because assay showed that potencies were so small that 125 tablets would be needed to provide the ingredient of a single dose.

* * *

Mothproofing crystals which were included in the packaging of a "Mechanical Fur Walking Dog" were considered hazardous since children might ingest them. Dealers and shippers have the crystals.

* * *

A large manufacturer of potato products has spent $500,000 to remodel and improve his plant and equipment. Serious sanitary deficiencies existed previously. Over 7000 cases of frozen hashbrown potatoes were recalled because of high coliform content.

* * *

Colored, glazed, ceramic salad spoons from Japan have been found to release high concentrations of lead when in contact with acidic foods or beverages.

* * *

An enterprising Nevada merchant was advertising his fresh eggs as being without cholesterol. "Protect Your Heart" he advises. FDA has advised him to cease and desist.

* * *

Western Research Laboratories have settled an FDA suit out of court. More than $200,000 worth of diet pills which were seized by the FDA have been returned to the company, some for relabeling and some for removal from the market. Western Research will relabel the thyroid tablets, and will discontinue the sale of thyroid and digitalis in fixed combination. Evidence was advanced by the laboratories to correct the opinion issued by the FDA that thyroid was ineffective in treating obesity.

* * *

A large Indiana greenhouse producer—30 acres under glass—has found that manufacturer's instructions for use of pesticides are valid only for field use and not for green-

house use. The lack of weathering in the under-glass situation permits retention of pesticides which render lettuce unsafe.

* * *

The State of Indiana has a cooperative agreement with the Cincinnati District and the Detroit District of FDA which will avoid duplication of effort in cannery and bottling plant inspections in Indiana.

* * *

FDA has seized a device which was claimed to function as an "anti-fatigue" device for auto and truck drivers. It was a metal box containing high voltage electronic components which operated on the car's electrical system. Advertised as fending off fatigue, eliminating drowsiness, increasing efficiency, and also preventing cancer. The ads claimed use of it by astronauts.

* * *

Pesticides are not exclusively a U.S. problem. 1507 cases of imported Bulgarian cheese have been detained because of excessive pesticide residues. DDT and its degradation products, BHC and lindane, were identified in the cheese.

* * *

Shelled peanuts—over 6 million pounds of them—were discovered in a Dallas warehouse defiled by rodents to the point that complete reconditioning was required. The Texas State Department of Health embargoed the peanuts and agreed to witness the reconditioning, another example of cooperation between the FDA and state officials.

* * *

Farm land upon which tests may be conducted with persistent pesticides is becoming scarce and hard to find. Since test crops must be treated with precisely known amounts, the use of a field previously sprayed is not practicable due to the persistence of the agents. Pesticide-free land with the proper drainage, remote from pedestrian traffic, and which can be removed from use for root crop production is a rarity.

* * *

A tank of medical gas was found to be defective in Los Angeles. Purported to contain 60% helium and 40% oxygen, the tank was found to be pure helium. Examination of all other similar tanks of gas produced by the manufacturer showed all to be satisfactory. Analytical procedures have been improved at the plant. ◄

Start Your Own

If you can't refrain from drinking, start a saloon at home. Be the only customer and you won't have to buy a license.

Just give your wife $12 for one gallon of whiskey. There are 128 snorts in a gallon. Buy your drinks from your wife at 40 cents per and in four days when the gallon is gone, she will have $39.20 in the bank and $12 to start business again.

If you live ten years and continue to buy booze from your wife and then die with snakes in your boots, your wife will have $35,750.40 in the bank. This is enough for her to bury you decently, buy a house, bring up the children, marry a decent man and forget she ever knew you. —(Mediapolis (Iowa) New Era.)—

Reprinted from *The Indiana Publisher*, **October, 1969.**

Timely Tips: Emphysema

The most recent of the popular "Timely Tips" published by the AMA for envelope stuffers and reception room reading is entitled, "Emphysema: Lung Crippler." It warns that the disease is on the increase but adds that "treatment, if started early, can prolong life for many years."

This new message may be ordered in quantities of 100 for only 20¢ and the entire series of 12 separate tips, in quantities of 100 each, is available for $1.50 from the AMA Order Department.

Blue Shield Operational Data: 1946-1969

(One of a series prepared by Blue Shield)

The growth of Indiana Blue Shield over the years is graphically demonstrated in the following table of Blue Shield operational data. In addition to totals included in this table, during 1969 Blue Shield as contract carrier for Part B Medicare paid 467,914 claims totaling $26,036,561.

	Membership At Year End	Number of Claims	Payment For Doctor's Services	Operating Percent
1946	80,568	540	$ 32,021	30.9%
1947	141,293	5,780	421,479	16.4
1948	232,103	14,191	872,986	15.4
1949	364,550	27,068	1,430,854	14.0
1950	539,712	47,613	2,418,466	12.8
1951	729,897	78,752	3,791,691	13.7
1952	871,726	109,897	5,041,642	11.6
1953	989,344	144,016	6,064,876	12.3
1954	1,059,837	171,013	6,681,876	12.5
1955	1,267,994	209,510	7,945,040	11.1
1956	1,355,097	291,080	11,148,990	9.9
1957	1,396,368	368,470	13,753,780	9.7
1958	1,306,181	390,975	13,730,466	9.6
1959	1,363,882	427,149	14,477,628	9.8
1960	1,391,624	463,057	15,752,605	9.0
1961	1,431,251	514,991	17,957,496	8.3
1962	1,469,670	587,213	20,721,436	7.2
1963	1,491,827	662,710	23,319,855	6.8
1964	1,520,148	727,020	25,846,611	6.6
1965	1,554,470	764,683	26,939,647	6.2
1966	1,654,504	768,159	26,675,891	6.4
1967	1,766,382	987,136*	31,569,568*	6.8
1968	1,834,505	1,139,626*	37,350,837*	4.6**
1969	1,914,699	1,228,949*	42,059,252*	4.1**

GRAND TOTALS

September, 1946, through December, 1969

Total payments for doctor's services since September, 1946:	$335,961,955
Add outstanding	10,786,430*
Total claims expense through December 31, 1969	$366,748,385*
Reserve—December 31, 1969	16,767,814
Total claims paid for members since September, 1946	10,129,598*

* Does not include Major Medical Claims
** Excludes loss adjustment expense

Stanley A. Huseland
Public Relations Division

Painful night leg cramps...

unwelcome bedfellow for any patient– including those with arthritis, diabetes or PVD

One thing patients can sleep without, particularly patients with chronic disease conditions such as arthritis, diabetes or PVD, is painful night leg cramps. Although seldom the presenting complaint, night leg cramps can tie your patients up in painful knots. Now, just one tablet of QUINAMM at bedtime can usually bring an end to shattered sleep and needless suffering. Your patients will sleep restfully—gratefully—with QUINAMM, specific therapy to prevent painful night leg cramps.

Prescribing Information—Composition: Each white, beveled, compressed tablet contains: Quinine sulfate, 260 mg., Aminophylline, 195 mg. **Indications:** For the prevention and treatment of nocturnal and recumbency leg muscle cramps, including those associated with arthritis, diabetes, varicose veins, thrombophlebitis, arteriosclerosis and static foot deformities. **Contraindications:** QUINAMM is contraindicated in pregnancy because of its quinine content. **Precautions/Adverse Reactions:** Aminophylline may produce intestinal cramps in some instances, and quinine may produce symptoms of cinchonism, such as tinnitus, dizziness, and gastrointestinal disturbance. Discontinue use if ringing in the ears, deafness, skin rash, or visual disturbances occur. **Dosage:** One tablet upon retiring. Where necessary, dosage may be increased to one tablet following the evening meal and one tablet upon retiring. **Supplied:** Bottles of 100 and 500 tablets.

THE NATIONAL DRUG COMPANY
DIVISION OF RICHARDSON-MERRELL INC.
PHILADELPHIA, PENNSYLVANIA 19144

Quinamm™ Specific therapy for night leg cramps
(quinine sulfate 260 mg., aminophylline 195 mg.)

Treating vaginitis is as easy as AVC

Trichomonads...Monilia...Bacteria

You can depend on AVC—the comprehensive therapy that acts against all three major vaginal pathogens.

Monilia emerging as a major therapeutic problem—
recent studies report increased incidence, attributed in part to the use of oral contraceptives,[1-4] broad-spectrum antibiotics[5-9] and prolonged use of corticosteroids.[7]
recent evidence establishes high rate of microbiological and clinical cure with AVC.[9-11]

Comprehensive — Effective

The published record and more than two decades of clinical experience clearly establish the therapeutic value of AVC in vaginitis/cervicitis and vaginal surgery.

Easy as AVC

Contraindications: Known sensitivity to sulfonamides.
Precautions/Adverse Reactions: The usual precautions for topical and systemic sulfanamides should be observed because of the possibility of absorption. Burning, increased local discomfort, skin rash, urticaria or other manifestations of sulfanamide toxicity are reasons to discontinue treatment.
Dosage: One applicatorful or one suppository intravaginally once or twice daily.
Supplied: Cream—Four-ounce tube with or without applicator. Suppositories—Box of 12 with applicator.
References: 1. Gardner, H. L.: J. Miss. M.A. 8:529, 1967. 2. Porter, P. S., and Lyle, J. S.: Arch. Dermat. 93:402, 1966. 3. Walsh, H.; Hildebrandt, R. J., and Prystowsky, H.: Am. J. Obst. & Gynec. 93:904, 1965. 4. Vaginitis and the Pill: J.A.M.A. 196:731, 1966. 5. Guerriero, W. F.: South. M.J. 56:390, 1963. 6. Seelig, M. S.: Am. J. Med. 40:887, 1966. 7. Today's Drugs, New York, Grune & Stratton, Inc., 1965, p. 316. 8. Gray, L. A., and Barnes, M. L.: Am. J. Obst. & Gynec. 92:125, 1965. 9. Salerno, L. J.; Ortiz, G., and Turkel, V.: Vaginitis: A Diagnostic and Therapeutic Approach, Scientific Exhibit, presented at the 115th Annual A.M.A. Convention, Chicago, Illinois, June 1966. 10. Walsh, J. C.; Sheffery, J. B., and Wilson, T. A.: Med. Ann. D.C. 37:358, 1968. 11. Nugent, F. B., and Myers, J. E.: Pennsylvania Med. 69:44, 1966.

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SUPPOSITORIES (aminacrine hydrochloride 0.014 Gm., sulfanilamide 1.05 Gm., allantoin 0.014 Gm.)

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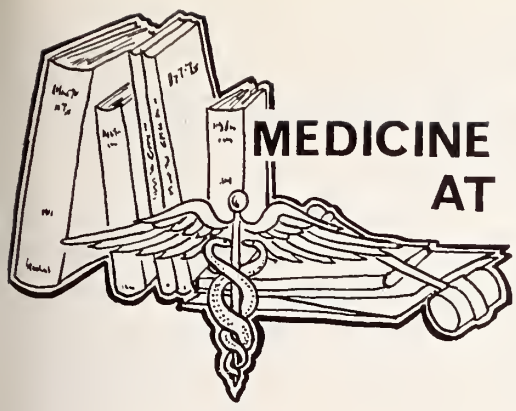

MEDICINE AT LAW

Two-Thirds Approval for Society Membership Unreasonable—An arbitrator's award directing a county medical society to admit two physicians to membership was proper, an Ohio appellate court ruled. The society's denial of membership, on the ground that the physician's applications were not, as required by the society's bylaws, approved by a two-thirds vote, was arbitrary and unreasonable.

The physicians, who were engaged in group medical practice, had been denied membership by the Society. The denial of membership prevented admission to staff privileges at four major hospitals in or near the county and prevented membership and certification by various professional boards.

The differences were settled by a contract between the society and the physicians which provided that, if a physician's application were denied, he could request that the question of whether there was good and sufficient reason for the denial be submitted to arbitration.

The physicians filed new applications. At a regular meeting of the society, the applications were approved by a majority vote, but since they were not approved by a two-thirds vote, the society denied the applications.

The denials were taken to arbitration. The society advanced no reason for the denials, other than failure to be approved by a two-thirds vote. The arbitrator ordered the society to admit the physicians to membership.

Any rule or regulation of a professional society which has the effect of interfering with a qualified individual's opportunity to practice his profession fully is subject to judicial scrutiny to determine whether it is arbitrary and unreasonable. The arbitrator's finding that the failure of the applications to be approved by a two-thirds vote was not good and sufficient reason for denying membership to the physicians was proper.—*Belmont County Medical Society v. American Arbitration Association*, Ct. of Appeals, 7th Dist., Docket No. 1072 (Ohio, Oct. 8, 1969).

Physician Liable for Not Diagnosing Hirschsprung's Disease—Damages of $200,000 were awarded by a California trial court jury to a patient whose mental, emotional, and physical development was retarded as the result of a physician's negligent failure to diagnose his condition as Hirschsprung's disease.

The patient presented evidence showing that his retardation was permanent and that he will never have higher than a fifth-grade mental ability.

The physician contended that he was not negligent in any respect and that there was no proof that mental development was related to Hirschsprung's disease—*Santuccio v. Stalteri*, Super. Ct. San Francisco Co., Docket No. 541471 (Cal., 1969).

Supplying Blood Considered A Sale—An Illinois hospital which provided whole blood transfusions to a patient who later developed serum hepatitis was held to have engaged in a sale, rather than a service. The decision, handed down by an appellate court, has been appealed to the Illinois Supreme Court.

The hospital contended that supplying blood for a transfusion was merely part of the services provided the patient. Since there had been no purchase, the hospital reasoned, it could not be liable for breach of an implied warranty that the blood was not defective. In rejecting this contention, the court ruled that blood is a product and, therefore, is the proper subject of a sale.

Since a sale was involved, the lower court's dismissal of the patient's complaint alleging strict liability for breach of implied warranty was reversed. The appellate court ordered that the case be returned to the lower court for a hearing on the argument of the hospital that strict liability should not attach because whole blood cannot be made hepatitis-free without it being destroyed, as well as on the patient's argument that whole blood can be made safe by controlling and testing donors.—*Cunningham v. MacNeal Memorial Hospital*, 251 N.E.2d 733 (Ill., July 8, 1969).

Medicaid Benefits Properly Terminated—The Welfare Commissioner did not abuse his discretion in removing a family of four from Medicaid rolls where the family's yearly income was in excess of that allowable for eligibility, a Connecticut appellate court ruled.

The family began receiving Medicaid on March 1, 1967. The case was reviewed and the assistance was discontinued on February 29, 1968, on the basis of a finding that the family's income was in excess of the standard for a family of four.

At the husband's request, a hearing was held on the matter, at which he had an opportunity to be heard. Evidence presented at the hearing clearly established that the family had

a yearly income of $5,142. The allowed income for a family of four under the statute is $4,400. Thus, the commissioner did not act arbitrarily and unreasonably in refusing to find the family eligible for Medicaid benefits.

The court rejected the contention that the statute was unconstitutional because it did not have adequate standards. The standards enumerated for carrying out the legislative policy were as clearly defined as the subject matter permitted—*Hunt v. Shapiro*, 258 A.2d 100 (Conn., June 27, 1969).

Hospital Records—Privileged Information—The information contained in a hospital report concerning an individual involved in an automobile accident was privileged where suit was brought against the individual and it was claimed that he was intoxicated, New York's highest court ruled.

A statute provided that where the physical condition of a party was in controversy, the other party could compel both a physical examination and the production of hospital records relating to the physical condition.

The court held that, by virtue of this statute, a person whose physical condition was in controversy could not assert the physician-patient privilege to deny the production of such records. However, the court limited the application of this rule to situations where the person whose condition was in controversy affirmatively asserted that condition. It concluded that a party defending a lawsuit could affirmatively assert the condition only by way of counterclaim or to absolve himself from wrong. In the present case the condition of intoxication was asserted by the party bringing suit. Since the defending party merely denied the existence of the condition, the statute did not bar him from asserting the privileged nature of the hospital records.

Further, the court ruled that the alleged intoxicant's physical condition was not in controversy. The person bringing suit claimed that a police report of the accident stated that a doctor at the scene said that the defending party was intoxicated. No affidavit of either the policeman or the doctor was attached to the claim containing these allegations. Such an unsupported allegation was insufficient to place in controversy the physical condition of the alleged intoxicant.—*Koump v. Smith*, 250 N.E. 2d 857 (N.Y., July 2, 1969).

Physician Liable for Neglect of Patient—A doctor who could not be reached by telephone was held liable by a California trial court for the death of a patient. The widow had called the doctor about noon, advising him that her husband had awakened earlier that morning complaining of severe headaches, nausea, vomiting and diarrhea. She said that upon returning home she had found her husband on the bedroom floor and could not wake him. She further advised the doctor that her husband had consumed too much alcohol two days earlier. The doctor told her that alcohol sometimes acts that way. He advised her to cover her husband and call him back in a few hours if her husband was no better.

The widow testified that she telephoned the doctor four times during the afternoon but was unable to reach him until 5:30 p.m. The doctor then ordered the husband to the hospital, where a right frontal lobectomy was performed. The husband died eight days later without having regained consciousness.

A doctor testified the husband's condition was operable and that patients survive if surgical attention is prompt. Another physician testified that a small arteriovenous malformation, deep in the substance of the brain, caused the hemorrhage, and that even if the husband had been ordered to the hospital when the widow first called, the husband still would have died.

The treating doctor testified that he had assumed that the husband was only sleeping off a hangover.

The court found that the doctor was liable for the husband's death—*Thompson v. Lewis*, Super. Ct., Sonoma Co., Docket No. 59297 (Cal., 1969).

Weight-Lifting Limit on Female Jobs Held Invalid—An employer who permitted male employees to bid on any job in the plant, while limiting females to jobs which did not require lifting in excess of 35 pounds, violated the Civil Rights Act's prohibition against discrimination in employment on the basis of sex, a federal appellate court ruled.

The employer contended that the distinction was followed in the interests of the safety of female employees and was thus lawful under the provision of the Act which permits discrimination in hiring by sex, where sex is a bona fide occupational qualification reasonably necessary to the normal operation of that particular business or enterprise.

It was clear from the Equal Employment Opportunity Commission's guidelines and cases decided by the Commission that a general weight-lifting limit by sex was not permitted. The cases must be considered on an individual basis. Some of the factors to be considered are the physical capability and physiological makeup of an individual, climatic conditions, the manner in which the weight is to be lifted, and the frequency with which it is to be lifted. —*Bowe v. Colgate-Palmolive Company*, 416 F.2d 711 (C.A. 7, Sept. 26, 1969; as amended on denial of rehearing, Oct. 29, 1969). ◄

Annual Meeting Dates of Professional Medical and Allied Organizations

AMERICAN MEDICAL ASSOCIATION ANNUAL CONVENTION
Date June 21-25, 1970
Place Chicago, Ill.

INDIANA STATE MEDICAL ASSOCIATION CONVENTION
Date October 12-15, 1970
Place South Bend

INDIANA DENTAL ASSOCIATION
Date May 13-16, 1970
Place Indianapolis Hilton Hotel, Indianapolis

THE INDIANA SOCIETY OF INTERNAL MEDICINE
Date October 14-15, 1970
Place South Bend

NORTHERN INDIANA PSYCHIATRIC SOCIETY
Date Fourth Wednesday of every month, September through June
Place For location and program, inquire Beatty Memorial Hospital, Westville

INDIANA SOCIETY OF ANESTHESIOLOGISTS
Date May 23, 1970
Place Marott Hotel, Indianapolis

INDIANA ASSOCIATION OF PATHOLOGISTS
Date December 5, 1970
Place Indianapolis Motor Speedway Motel, Indianapolis

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ABSTRACTS, BOOK REVIEWS

ERRATUM

The publisher of "The CIBA Collection of Medical Illustrations—Vol. 5—Heart" was incorrectly listed in the March issue of *The Journal* as Little, Brown and Company.

The correct publisher is the CIBA Pharmaceutical Co. of Summit, New Jersey, printed by Colorpress of New York.

***The Journal* regrets any embarrassment caused by the error.**

CIRCULATORY AND RESPIRATORY MASS TRANSPORT

Ciba Foundation Symposium, Edited by G. E. W. Wolstenholme and Julie Knight, Little, Brown and Co., Boston, 1969; 310 pages with numerous tables and illustrations; $12.50.

Some two dozen experts in this very important frontier of medicine and physiology gathered to discuss their most recent findings and to relate them (as much as possible) to the theory and practice of medicine. Much of the garnered information will be (as usual) of use in almost direct proportion to the basic scientific knowledge possessed by the reader.

The discussion of the minute circulation in microcapillaries and of the exchange of substances through capillary walls assumes that the listener has solid grasp of advanced physics and mathematics—well, I don't! Therefore, the conclusions reached proved most interesting, even if I got lost in the maze of the substantiating argument. I rather suspect that the average M.D. will have the same predicament. This does not make the reading of the summaries any less worthwhile.

As usual, the binding and printing are superb; the illustrations are excellent; the editing impeccable. This monograph has a deserved niche on the shelves of medical school libraries, hospital laboratory directors' reserved sections, etc. The ordinary M.D. would do well to go to a recent edition of a text on physiology and biochemistry.

ARNOLD LIEBERMAN, M.D.
New York, N.Y.

CANCER OF THE DIGESTIVE TRACT — CLINICAL MANAGEMENT

Tildon D. Everson, M.D., Ph.D., Warren H. Cole, M.D., editors, Appleton-Century-Crofts, New York, 1st ed., 1969; numerous tables, plates and other illustrations; 380 pages; $18.50.

This book is a surgical view of malignancies of the gastrointestinal tract with additional chapters including radiotherapy and chemotherapy. As such, it will be of particular interest to family physicians, pediatricians, internists, and pathologists who are involved in the preoperative and postoperative management of patients with malignant tumors. Each chapter is written by a separate author, or authors, and so vary somewhat in treatment of the subject matter, but in general, the chapters are arranged in terms of epidemiology, pathology, clinical manifestations and diagnosis, surgical therapy, operative and postoperative management, and complications. Additional chapters include separate discussions on the subjects of carcinoids and sarcomas of the gastrointestinal tract. A wealth of references is provided at the end of most chapters, and the index is relatively complete.

The pathologist and gastrointestinal surgeon are unlikely to find the answer to every question in this volume, but it will certainly provide an excellent, up-to-date, ready source of current statistics and preferred surgical methods which are so frequently needed for conferences or for resident or intern teaching.

JAY S. FLEISHMAN, M.D.
Muncie

THE EXOCRINE GLANDS

Proceedings of a Satellite Symposium of the XXIV International Congress of Physiological Sciences, edited by Drs. S. Botelho, Brooks and Shelley, U. of Pennsylvania Press, 1969; 280 pages with numerous illustrations; $20.00.

So much is going on in the *endo*crine field that we almost forget the very existence of the ever so much more obvious *exo*crine glands. Well, more than 100 research scientists and just listeners (yours truly among them) spent several days comparing notes on such items as transmembrane potentials, secretory gradients, results of ionic alterations, etc., etc. I was almost shocked by the fact that I had forgotten the precise distinction between apocrine and eccrine sweats!

Personally, I was most intrigued by the detailed discussion of the avian SALT gland: the exact mechanism of NaCl being concentrated some three to five fold before being excreted extrarenally.

This really small volume gives the reader the very latest on the functioning of the exocrine mechanisms in the salivary glands, the pancreas, the liver, the sweat glands—and the salt gland.

The editing has been superb, the printing and binding are excellent: all-in-all, this is an unusual but very rewarding volume that should join other symposia gracing the library shelves of medical schools, hospitals and similar institutions.

ARNOLD LIEBERMAN, M.D.
New York, N.Y.

THERAPEUTIC RADIOLOGY — RATIONALE, TECHNIQUE, AND RESULTS

William T. Moss, M.D., William N. Brand, M.D., C. V. Mosby Co., St. Louis, Mo., 3rd ed., 1969; 564 pages; $22.50.

The intent of the authors in this revised edition, as stated in the preface, was to produce a logical, rational approach to selected clinical problems in therapeutic radiology. This it does quite well in an organized, intelligible and a relatively easily understood fashion. Multiple topics are discussed, including a small introduction to clinical radiotherapy, and the therapy of multiple organ systems, including ovary, hematopoietic, bone, female genitourinary tract, male genitourinary tract and others. Each of these subjects is discussed in separate chapters.

A review of the clinical aspects of the disease, the anatomy of the disease, the pertinent laboratory tests, and the rationale and some of the technics behind the radiotherapy of each of the diseases is presented and thoroughly discussed. The author correlate the effects of radiotherapy on the neoplasms with the patient's clinical course in a manner which is practical and easily understood. The indications and the contraindications for radiotherapy with each particular type of lesion as well as concomitan

chemical, and other forms of therapy are also discussed in each chapter.

At the end of each chapter there is an excellent bibliography presented for further study by the physician if needed.

The index could be somewhat more complete, as it is necessary in some instances to look in multiple sites before finding the subject of interest.

The book is written in such a fashion that it would be an excellent reference source for most physicians who see and treat patients undergoing radiotherapy for various reasons, especially patients with carcinomas of various types. Frequently there is a definite gap between the primary physician, the chemotherapist, and the radiotherapist, with the brunt of the problem being taken by the patient under therapy. This book I believe would serve as a definite guide to serve most physicians in bridging that gap and thereby improving cancer therapy.

ARTHUR C. JAY, M.D.
Muncie

Abstracts From Various Literature, Prepared by AMA

COMBINED 5-FLUOROURACIL AND SUPERVOLTAGE RADIATION THERAPY OF LOCALLY UNRESECTABLE GASTROINTESTINAL CANCER

C. G. Moertel et al. (Mayo Clinic, Rochester, Minn.)
Lancet 2:865-867, (Oct. 25), 1969.

A prospective, controlled double-blind study involving 187 patients suggests that 5-Fluorouracil significantly augments the effectiveness of radiation therapy for locally unresectable carcinoma of the stomach, pancreas, and large bowel. It is also possible that this therapy may be rarely curative. This approach should not be advocated as routine treatment since the vast majority of patients still die of their cancer; if the present results are not spurious, the method offers only a few extra months of life. These results should, however, serve as stimulus and foundation for continued study of augmented radiation therapy in treatment of advanced gastrointestinal cancer.

A NEW PANCREATIC HORMONE AND THE ETIOLOGY OF DIABETES MELLITUS

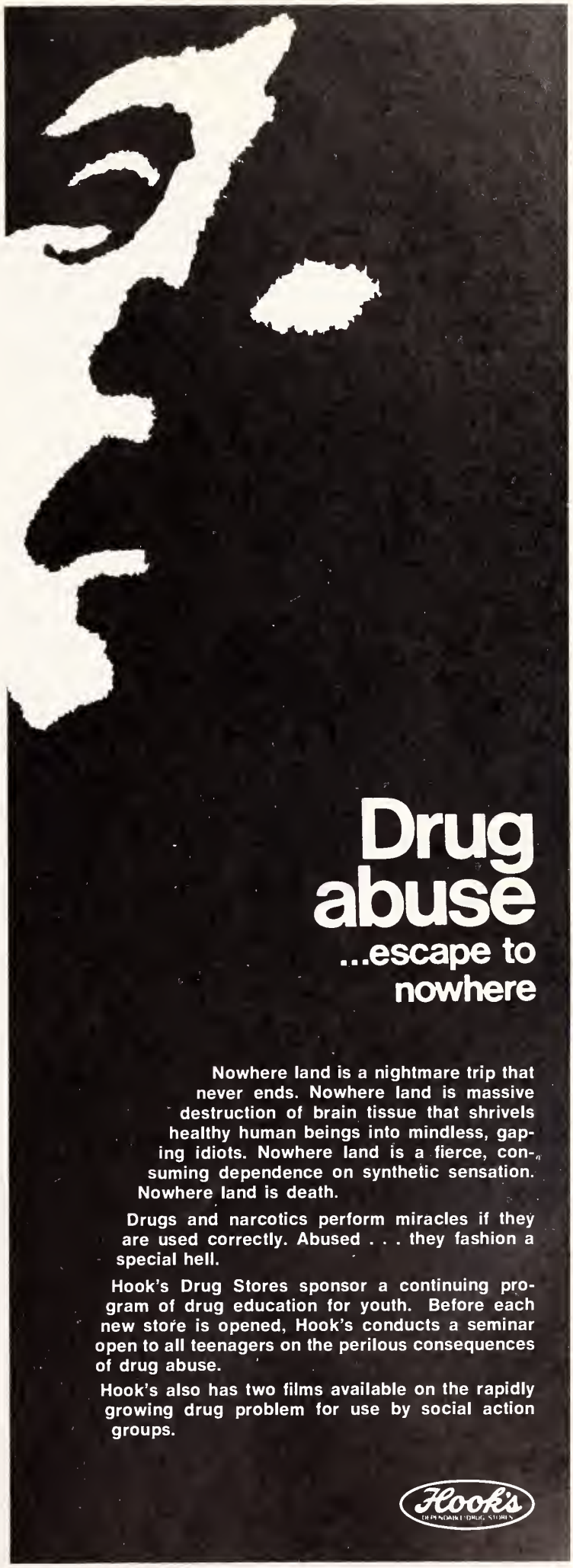
P. M. Sutton and A. Taghizedah (University College Hospital Medical School, London)
Lancet 2:935-937, (Nov. 1), 1969.

Recent experiments, in which fatal hypoglycemia was produced in rats by the combination of total pancreatectomy with partial hepatectomy, suggest the existence of a previously unrecognized pancreatic hormone which stimulates gluconeogenesis. Increased secretion of this hormone could be a cause for maturity-onset diabetes.

CONTINUOUS RADIOELECTROCARDIOGRAPHIC MONITORING OF FOOTBALL AND BASKETBALL COACHES DURING GAMES

P. C. Gazes (Medical College of South Carolina, Charleston), B. F. Sovell, and J. W. Dellastatious
Amer. Heart J. 78:509-512, (Oct.), 1969.

Thirty football and basketball coaches were monitored continu-



uously with a radiotelemetric monitoring device throughout games in which their teams competed. All responded to the stress of the game with an increase in heart rate averaging 42 beats/min over resting rates in the pre-game period and with an additional increase of 21 beats/min during the game. Eight coaches developed rare premature ventricular beats and in two the beats were frequent. The only coach with known coronary disease had multifocal premature ventricular beats. Eleven developed rare premature atrial beats and in one they were frequent. A short run of atrial tachycardia occurred in one coach. None of them developed symptoms.

NEW WAYS OF MANAGING HEMOPHILIA A IN PATIENTS UNDERGOING MAJOR SURGICAL OPERATIONS

J. Wedell et al. (Medizinische Fakultat der Technischen Hochschule, Aachen, West Germany)

Deutsch Med. Wschr. 94:2539-2544, (Dec. 5), 1969.

Seven patients with hemophilia A subjected to major surgery and 25 patients subjected to maxillary or orthopedic procedures were given the necessary plasma clotting factors in the form of anti-hemophilic cryoprecipitates, which have a high factor VIII content, with careful serial controls of clotting function. Under these circumstances the risk of major surgery seems to be no higher than in non-hemophilic patients.

EFFECT OF ULTRAVIOLET RADIATION ON POSTOPERATIVE NEUROSURGICAL SEPSIS

R. L. Wright and J. F. Burke (Massachusetts General Hospital, Boston)

J. Neurosurg. 31:533-537, (Nov.), 1969.

Ultraviolet radiation of neurosurgical operating rooms was evaluated at the Massachusetts General Hospital for a period of 36 months. The intensity used was 35μw/sq cm at the level of the operating table. With the introduction of this system the clean case infection rate fell to less than one tenth of its former level. These data as well as data from other centers suggest that ultraviolet radiation during operation is an effective adjunct for reducing sepsis in lengthy, clean surgical procedures.

RISK OF PACING AFTER INFARCTION, AND CURRENT RECOMMENDATIONS

K. Chatterjee, A. Harris, and A. Leatham (St. George's Hospital, London)

Lancet 2:1061-1063, (Nov. 15), 1969.

Experience of artificial pacing in 82 patients with acute myocardial infarction complicated by heart block suggests that early electrode insertion, use of demand pacemakers with low power, awareness of the possibility of inappropriate stimulation due to low intracardiac potential, and liberal use of ventricular suppressant drugs appear to have reduced the mortality of this serious condition. The advantages of pacing, under the condition described, have outweighed the risks.

DEXTROTHYROXINE FOR LOWERING SERUM CHOLESTEROL

L. D. Bechtol and W. L. Warner (Lilly Research Laboratory, Indianapolis)

Angiology 20:565-579, (Nov.), 1969.

Sodium dextrothyroxine, in daily doses of 2 to 8 mg, is effective in lowering elevated serum cholesterol in both hypothyroid and euthyroid patients. This effect is somewhat greater in hypothyroid than in euthyroid patients, and is sustained for at least three years of therapy and beyond. The drug, when administered in a proper dosage schedule, is useful for the treatment of hypothyroidism in cardiac patients who cannot tolerate other types of thyroid medication. The side effects attributable to the drug are for the most part caused by increased metabolism. Adverse effects are more commonly seen in patients with hypothyroidism or coronary artery disease than in euthyroid patients without cardiac disease. The maximum dose is dependent on individual patient tolerance, may vary with thyroid and cardiac status, and probably should be limited to 8 mg daily.

INHIBITION OF DRUG METABOLISM BY CHLORAMPHENICOL

L. Korsgaard Christensen and L. Skovsted (Gentofte Hospital, Copenhagen)

Lancet 2:1397-1399, (Dec. 27), 1969.

Chloramphenicol has been shown to retard the biotransformation of tolbutamide, diphenylhydantoin, and dicoumarol in man. Treatment with 2 gm of chloramphenicol for some days resulted in a rise in the concentration of tolbutamide and diphenylhydantoin in blood. The half-life values of tolbutamide, diphenylhydantoin, and dicoumarol in blood increased very considerably after chloramphenicol. A case of chloramphenicol-induced hypoglycemic collapse in a tolbutamide-treated patient is reported.

LONG-TERM SURVIVAL AFTER VENTRICULAR FIBRILLATION COMPLICATING ACUTE MYOCARDIAL INFARCTION

D. M. Lawrie (Royal East Sussex Hospital, Hastings, England)

Lancet 2:1085-1087, (Nov. 22), 1969.

Fifty-three patients leaving the hospital after an episode of ventricular fibrillation (VF) complicating acute myocardial infarction were followed up for six months and 41 of them were followed up for over one year. The mortality rate, work record, and clinical status of these patients indicated that the episode of VF did not adversely affect the long-term prognosis. Patients surviving primary VF did especially well. The first-year mortality rate for this group was 7%. After one year 92% of men patients surviving primary VF were able to return to work and 67% had returned to the same job.

PRODUCTION OF SEVERE ATHEROMA IN TRANSPLANTED HUMAN HEART

J. G. Thompson (Groote Schuur Hospital, Cape Town, South Africa)

Lancet 2:1088-1092, (Nov. 22), 1969.

The heart from a 24-year-old donor, transplanted into a 58-year-old man, was found at necropsy 19½ months later to show very severe atheroma of the coronary arteries with marked luminal narrowing. The portion of aorta grafted with the heart also showed atheroma although it was free from atheroma at the time of transplantation. The recipient's high blood cholesterol is re-

garded as the main etiological factor, though rejection may have played a part by increasing vascular permeability and by providing an absorbent intimal thickening unprotected by an internal elastic lamina. On this basis it is suggested that patients with ischemic heart disease and high blood cholesterol are not suitable subjects for heart transplantation.

ABNORMALITIES IN NUMBER OF X CHROMOSOMES IN PATIENTS IN MENTAL HOSPITALS

J. Hessing, A. Kabarity and H. Schade (Medizinische Universitatsklinik und Poliklinik, Dusseldorf, West Germany)

Deutsch Med. Wschr. 94:2675-2678, (Dec. 26), 1969.

Sex chromatin in buccal mucosa was determined in 1,276 psychiatric inpatients. In those with pathological findings chromosomal analysis was done as well. In a group of patients with nonfamilial mental deficiency without evidence of exogenous cause, no X-chromosome abnormalities were found among 164 men, but two were found among 105 women. Among 599 patients with epilepsy of undetermined etiology, the incidence of Klinefelter's syndrome was 7/1,000 in men, while that of X-chromosome abnormalities was 11/1,000 in women. There were no X-chromosome abnormalities among 200 women with schizophrenia. In four of 124 male patients with Down's syndrome a mosaic 45 + XY/45 + XXY was found. Among 11 instances of abnormal X-chromosome numbers there were eight mosaics, an incidence higher than had been previously reported. In two instances there was an unexplained discrepancy between the chromatin and chromosome results.

THE TREATMENT OF IMPOTENCE WITH METHYLTESTOSTERONE THYROID (100 PATIENTS — DOUBLE BLIND STUDY)

Thomas Jakobovits, Department of Urology, Saugus General Hospital, Lowell General Hospital, and Beth Israel Hospital, Boston, Mass.

Fertil. and Steril. 21:32-35, (Jan.), 1970.

Treatment of impotence by drugs is difficult to assess because of psychological and placebo effect. However, double blind study produced a favorable response in 78% of patients treated with methyltestosterone-thyroid combination while the same response was obtained in only 40% of those receiving the placebo. Fatigue was alleviated in 80% and 42%. The author indicates that psychotherapy is an important factor in all cases, but that administration of the drug combination is a distinct adjunct.

ROLE OF ALCOHOL IN FATAL COLLISIONS INVOLVING TRUCKS

J. A. Waller (Alumni Building, University of Vermont, Burington)

Arch. Environ. Health 20:254-258, (Feb.), 1970.

A study was made of the role of alcohol in fatal collisions in which drivers of large trucks and pickup trucks were involved, either as fatally injured or surviving drivers. Drivers of large trucks almost always were the survivors, usually were not at fault, and probably had not been drinking in any of their crashes. The fatally injured drivers or pedestrians who initiated the crashes commonly had high blood alcohol concentrations. In contrast, drivers of pickup trucks who more often were fatally injured in these crashes, frequently were responsible for their crashes, and usually had high blood alcohol concentrations.

ACCEPTANCE OF PEDIATRIC NURSE PRACTITIONERS

L. R. Day, R. Egli, and H. K. Silver (4200 E. Ninth Ave., Denver)

Amer. J. Dis. Child 119:204-208, (March), 1970.

Results of an opinion survey of parents who take their children to a pediatrician who has a specially trained pediatric nurse practitioner as an associate in his office revealed a high degree of satisfaction with the combined care provided jointly by these two health professionals. Parents (94%) expressed satisfaction with services they received and with their opportunity to maintain adequate communication with the physician, while 57% stated that joint care was better than care they had received from a physician alone. Parents were also highly satisfied with home visits by the pediatric nurse practitioner, by her visits to the hospital in the neonatal period, and with other aspects of care their children had received. Over 90% of parents considered the association of a pediatrician and a pediatric nurse practitioner to be a desirable and inevitable trend in the private practice of medicine.

ENHANCEMENT OF ALIMENTARY LIPEMIA BY ETHANOL IN MAN

D. E. Wilson et al. (Boston City Hospital, Boston)

J. Lab. Clin. Med. 75:264-274, (Feb.), 1970.

The lipemic response after ingestion of fat and ethanol together was greater than the sum effects of either given alone. Patients with endogenous hyperlipemia are particularly subject to ethanol-induced augmentation of alimentary lipemia. The changes in lipoprotein species after fat and ethanol ingestion were qualitatively similar to those after the ingestion of fat alone. ◄

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312 E. McMillan St., Cincinnati, Ohio 45219
416 N. Main Street, Evansville, Indiana 47711
3004 S. Wayne Ave., Fort Wayne, Ind. 46807

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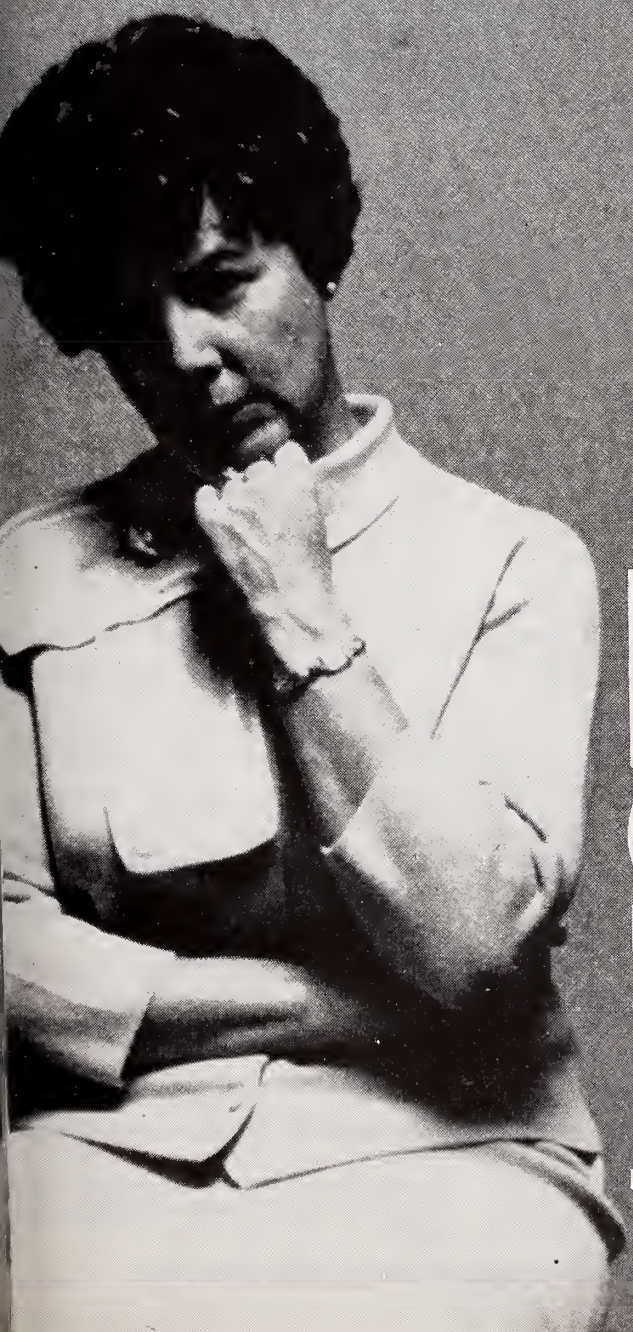

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helps relieve pain, fever, swelling, and tenderness

Please see new prescribing information on following page.

REVISED PRESCRIBING INFORMATION

IMPORTANT NOTE: INDOCIN (Indomethacin, MSD) cannot be considered a simple analgesic and should not be used in conditions other than those recommended under Indications. The drug should not be prescribed for children because safe conditions for use have not been established.

General Adverse Effects: Because of the high potency of the drug and the variability of its potential to cause adverse reactions, the following are strongly recommended: 1) the lowest possible effective dose for the individual patient should be prescribed. Increased dosage tends to increase adverse effects, particularly in doses over 150-200 mg/day, without corresponding clinical benefits; and 2) careful instructions to, and observations of, the individual patients are essential to the prevention of serious and irreversible, including fatal, adverse reactions, especially in the aging patient.

Indications: Symptomatic relief of adult rheumatoid and degenerative joint disease unresponsive to adequate trial of salicylates and other measures of established value, such as appropriate rest. Has been found effective in active stages of: 1) moderate to severe rheumatoid arthritis including acute flares of chronic disease, 2) moderate to severe rheumatoid (ankylosing) spondylitis, and 3) moderate to severe degenerative joint disease of the hip (osteoarthritis of the hip). Has been found effective in relieving pain and reducing fever, swelling, and tenderness in acute gouty arthritis in selected patients. May enable reduction of steroid dosage in patients receiving steroids for the more severe forms of rheumatoid arthritis; in such instances the steroid dosage should be reduced slowly and the patients followed very closely for any possible adverse effects.

Contraindications: Children 14 years of age and under; pregnant women and nursing mothers; active gastrointestinal lesions or history of recurrent gastrointestinal lesions; allergy to aspirin and indomethacin.

Warnings: *Gastrointestinal Effects:* Because of the occurrence and, at times, severity of gastrointestinal reactions, be continuously alert for any sign or symptom signaling a possible gastrointestinal reaction. The risks of continuing therapy with INDOCIN in the face of such symptoms must be weighed against the possible benefits to the individual patient. Gastrointestinal effects may be reduced by giving the drug immediately after meals, with food, or with antacids. Use greater care in aging patients.
Ocular Effects: Corneal deposits and retinal disturbances, including those of the macula, have been observed in some patients on prolonged therapy. Discontinue therapy if such changes are observed. Ophthalmologic examination at periodic intervals is desirable in patients on prolonged therapy.
Central Nervous System Effects: INDOCIN (Indomethacin, MSD) may aggravate psychiatric disturbances, epilepsy, and parkinsonism, and should be used with considerable caution in patients with these conditions. If severe CNS reactions develop, discontinue the drug.

Precautions: Blurred vision may be a significant symptom that warrants a thorough ophthalmologic examination. Patients should be cautioned about engaging in activities requiring mental alertness and motor coordination, as driving a car. Headache which persists despite dosage reduction requires complete cessation of the drug. May mask the usual signs and symptoms of infection; therefore, the physician must be continually on the alert for this and should use the drug with extra care in the presence of existing controlled infection. After the acute phase of the disease is under control, an attempt to reduce the daily dose should be made repeatedly until the patient is off entirely.

Adverse Reactions: *Gastrointestinal Reactions:* Single or multiple ulcerations of the esophagus, stomach, duodenum, or small intestine, including perforation and hemorrhage, with fatalities in some instances; gastrointestinal bleeding without obvious ulcer formation; perforation of preexisting sigmoid lesions (diverticulum, carcinoma, etc.); rarely, increased abdominal pain in ulcerative colitis patients or development of ulcerative colitis and regional ileitis; gastritis, which may persist after the cessation of the drug; nausea, vomiting, anorexia, epigastric distress, abdominal pain, and diarrhea.
Eye Reactions: Corneal deposits and retinal disturbances, including those of the macula, have been observed on prolonged therapy; blurring of vision.
Hepatic Reactions: Rarely, toxic hepatitis and jaundice, including some fatal cases.
Hematologic Reactions: Aplastic anemia, hemolytic anemia, bone marrow depression, agranulocytosis, leukopenia, and thrombocytopenic purpura. Since some patients manifest anemia secondary to obvious or occult gastrointestinal bleeding, appropriate blood determinations are recommended.
Hypersensitivity Reactions: Acute respiratory distress, including dyspnea and asthma; angiitis; pruritus; urticaria; angioedema; skin rashes.
Ear Reactions: Hearing disturbances, deafness, tinnitus.
Central Nervous System Reactions: Psychotic episodes, depersonalization, depression, coma, convulsions, peripheral neuropathy, drowsiness, mental confusion, lightheadedness, dizziness, headache.
Cardiovascular-Renal Reactions: Edema, elevation of blood pressure, hematuria.
Dermatologic Reactions: Loss of hair, erythema nodosum.
Miscellaneous: Rarely, vaginal bleeding, hyperglycemia, glycosuria, ulcerative stomatitis, and epistaxis.

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Various Indiana Hospitals Name New Staff Officers

New officers of the active medical staff of Wabash County Hospital are: **Drs. Robert LaSalle, Jr.**, chief; **Lloyd Smith**, vice-chief and **Michael Silvers**, secretary-treasurer.

Dr. Raymond L. Newnum has been elected president of St. Mary's Hospital staff at Evansville and **Dr. George W. Willison** was named chief of staff. Other officers are **Dr. Raymond W. Nicholson**, vice president and **Dr. W. Thomas Spain**, re-elected secretary-treasurer.

Dr. John H. O. Mertz, Indianapolis, has been elected president of the Methodist Hospital staff. **Dr. Warren E. Coggeshall** was named vice-president and **Dr. B. T. Maxam** was re-elected secretary-treasurer.

Newly-elected officers of the Bloomington Hospital staff are: **Drs. I. Taylor Reiger**, chief of staff; **Charles W. McClary**, chief of medicine; **Ambrose Estes**, chief-elect and **James H. Booze**, chief of surgery.

St. Elizabeth Hospital medical staff officers at Lafayette for the coming year will be: **Drs. D. L. McKinney**, president; **G. F. Ramsey**, president-elect and **J. M. Fritch**, secretary-treasurer.

Dr. Gilbert J. Himebaugh, Evansville, has been elected president of the Deaconess Hospital medical staff there. Other new officers include: **Drs. Wallace M. Adye, Jr.**, president-elect and **William S. Mullican**, secretary-treasurer.

New president of the Gibson General Hospital medical staff is **Dr. R. G. Geick**. Other physicians elected officers are: **Drs. W. E. Dye**, vice-president and **R. E. Weitzel**, secretary-treasurer.

Dr. Donald Hooker, Ligonier, has been named president of the medical staff at Goshen General Hospital. Other physicians elected are: **Drs. G. Weldon Troyer**, president-elect; **Frederick Bigler**, re-elected treasurer and **Jack Clark** re-elected secretary.

New president of the Marion County General Hospital at Indianapolis is **Dr. Robert Jenkins**. Other officers named for 1970 were: **Drs. Alexander Ross**, vice-president; **John Miller**, secretary and **Arvine G. Popplewell**, treasurer.

The Parkview Memorial Hospital at Fort Wayne will have the following physicians as officers this year: **Drs. Robert Kimbrough**, president; **Raymond Beights**, president-elect; **Arthur Aiken**, executive committee chairman and **J. E. Arata**, secretary-treasurer.

Dr. Robert P. Acher, Greensburg, has been renamed to a second one-year term as chief of the medical staff of Decatur Memorial Hospital. Also re-elected for a second year as secretary was **Dr. Calvin N. Steussy**, New Castle.

Officers of the 1970 Porter Memorial Hospital medical staff are: **Drs. Milton R. Carlson**, Portage Clinic, chief of staff; **Frank Sturdevant**, Portage Clinic, president-elect and **Louis Kimmel**, Valparaiso, secretary.

Dr. M. E. Goldenberg, Munster, has been elected president of the medical staff of St. Catherine Hospital at East Chicago. Other officers are **Drs. J. W. Gustaitis**, Whiting, vice-president and **A. P. Bonaventura**, secretary-treasurer.

The 1970 officers of the Freeman-Greene County Hospital will be: **Drs. Edwin P. Bailey**, Linton, chief of staff; **G. E. Moses**, Worthington, vice-chief and **C. M. Porter**, Jasonville, secretary.

Dr. Guido P. Wilhelm has been elected president of the Henry County Memorial Hospital medical staff. Other new officers are **Drs. Donald Vivian**, vice-president and **Calvin Steussy**, secretary. All of the new officers are from New Castle.

New medical staff officers of Winona Memorial Hospital, Indianapolis, will be: **Drs. Normand T. Townley**, president; **Joseph C. Finneran**, vice-president and **Harry D. Brickley, Jr.**, secretary-treasurer.

Dr. Adrian A. Lanning, Noblesville, has been elected president of the medical staff of Riverview Hospital. Serving with Dr. Lanning will be **Drs. Jesse C. Ambrose**, vice-president and **Paul Waitt**, secretary.

Staff officers for 1970 at St. Joseph's Hospital in Fort Wayne are: **Drs. John Krueger**, president; **Gerald Nolan**, secretary and **John Weber**, president-elect.

New officers at Winona Memorial Hospital in Indianapolis are: **Drs. Normand T. Townley**, president; **Joseph C. Finneran**, vice president and **Harry D. Brickley, Jr.**, secretary-treasurer.

Dr. John L. Tofaute has been named chief of staff at the Howard Community Hospital in Kokomo.

Dr. D. L. McKinney, Otterbein, has been elected president of the St. Elizabeth Hospital medical staff at Lafayette.

Dr. Donald C. Miller, Cedar Lake, has been named 1970 president and chief of staff of Our Lady of Mercy Hospital at Dyer. Other staff officers include: **Drs. R. D. Smith, Lowell**, vice president and **R. J. Schmitt, Munster**, secretary-treasurer.

Answers Questions

Dr. George Belshaw, Indianapolis, answered questions from the audience after Indianapolis women saw two films on cancer at an eastside theater. The showing of the films is sponsored by the Marion County Unit, American Cancer Society.

Dr. Rudolph Elected

Dr. Rosser Rudolph, Muncie, has been elected vice-president of the Jay County Cancer Society.

Dr. Heiser Speaks

Dr. Ervin Heiser, Elkhart, spoke recently at a meeting of the Jefferson Brethren Church, Goshen. He spoke on "A Program of Sex Education for Our School."

Dr. Kincaid Elected

Dr. Raymond K. Kincaid, Tipton, has been elected to the board of directors of the Howard-Tipton County Red Cross.

Public Health Service Conducts National X-Ray Exposure Study

The Public Health Service will conduct a national study to obtain information on population exposure to diagnostic and therapeutic x-radiation. It began on April 13th and is being made jointly by the Bureau of Radiological Health and the National Center for Health Statistics. The study was planned with the advice of a group of radiologists and physicists representing the American College of Radiology.

The study follows two earlier national x-ray surveys by Public Health Service agencies. The first was conducted in 1961 to estimate the volume of medical and dental x-ray visits in the United States. A more comprehensive study was made in 1964 to extend

the x-ray visit data to include exposure and dose estimates for the U.S. population in that year.

The 1970 study will use the same collection and analysis methods employed in the 1964 survey so that results of the investigations will be directly comparable. This will afford the opportunity to evaluate the effectiveness of programs to improve x-ray practice and reduce unnecessary exposure. The 1970 study also will aid in establishing guidelines for future programs.

The new study will be conducted in three phases:

—A household interview survey to obtain the x-ray visit experience of a representative sample of the U.S. population. This phase will run from April 13th through October 12th and will cover about 20,000 households and 65,000 persons.

—A followup questionnaire to obtain examination data from x-ray facilities identified in the household survey. From May through December, approximately 5,000 facilities will be asked to supply these details. Authorization to request the information will be obtained in advance from household respondents.

—An x-ray equipment survey to provide physical measurements in a selected sub-sample of x-ray facilities. This phase will be conducted by specially trained state and federal radiological health personnel.

Based on data obtained during the household and facility surveys, a descriptive analysis of the population's x-ray experience in 1970 will be prepared. The information, which will be categorized by pertinent demographic and facility characteristics, will include estimates of numbers and rates for: (1) persons x-rayed, (2) x-ray visits, and (3) x-ray examinations and exposures.

Estimates of gonadal and genetically significant dose will be derived from the study findings by applying mathematical models developed at the Johns Hopkins and Emory Universities in collaboration with the 1964 study. It is also planned to extend these data into dose estimates for other selected body organs through the use of related research results.

Since this study is based on a small representative sample, the cooperation of each practitioner contacted in the followup phase is essential to meet the study objectives. All information pertaining to individual patients, practitioners and facilities will be treated confidentially. Only statistical summaries will be made available for publication.

Additional information about plans for the survey may be obtained from the Bureau of Radiological Health, 1901 Chapman Avenue, Rockville, Maryland 20852.

Physicians in Viet Nam

Dr. Jack O. Shonkwiler, Greencastle, departed the USA on December 30 on his second tour with Volunteer Physicians in Viet Nam. **Drs. John M. Bender, Goshen,** and **Galen R. Miller, Elkhart,** were on the same mission for their first tours.

VA Presents Public Service Award to the Pharmaceutical Industry

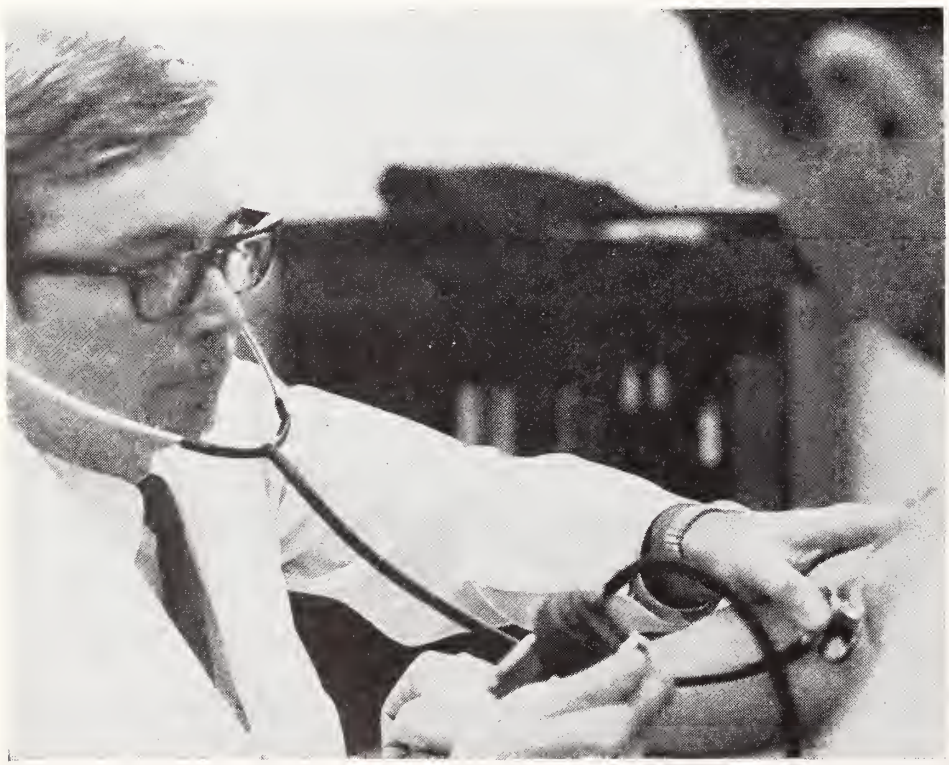
The Veterans Administration has presented its Meritorious Public Service Award to the Pharmaceutical Industry for its cooperation and voluntary compliance with the equal employment opportunity program.

Donald E. Johnson, VA Administrator, announced that he was impressed by the cooperation of the industry which has, in many instances, exceeded the minimum compliance standards.

He added that it would be the first award VA has made for an industry's contributions to equal opportunity employment and to an improved social environment for all citizens and to his knowledge the first such award to an entire industry by any government agency.

Dr. Peare Elected

Dr. Reeve B. Peare, Huntington, has been elected president-elect of the Huntington County Association of Retarded Children.



CAPTAIN John R. Trittschuh has been named Military Airlift Command Flight Surgeon of the year for 1969. Dr. Trittschuh, a native of Muncie, examines a patient at Aerospace Cartographic and Geodetic Service Headquarters, Forbes Air Force Base, Kan. He will represent MAC in competition for the Malcolm C. Grow Flight Surgeon of the Year Award. The award is presented by the Society of USAF Flight Surgeons in honor of the late Major General Malcolm C. Grow, first Air Force Surgeon General, to advance the practice of aerospace medicine.—(U. S. AIR FORCE PHOTO)

ORGAN DONOR—Dr. Lowell H. Steen, Hammond, (center), president of the Indiona State Medicol Associotion, occepts o cord designoting him os o porticipant in the stotewide orgon donor program. Persons in the progrom ogree to donote orgons needed for transplonts upon their death. Pictured, from left, ore Dovid Norris, choirmon of the donor progrom for the Columet Associotion of Life Underwriters; Dr. Steen and Poul Eley, president of the Indiona Associotion of Life Underwriters.

Dr. Noonan Named

Dr. Leo Noonan, Valparaiso, has been appointed to the Porter county board of health for a four-year term. He succeeds **Dr. Robert Stoltz, Valparaiso.**

Named to Board

Dr. A. Ricks Madtson, Indianapolis, has been elected to the board of governors for Northwood Institute, college at West Baden.

Speaks at Meeting

Dr. R. A. Weitemier, Richmond pediatrician, presented a program on how a "Well Baby Clinic" could be established in Richmond at a recent meeting of the Public Health Nursing Association.

Doctor Reappointed

Dr. Robert B. Chevalier, Indianapolis cardiologist and president of the Indiana Heart Association, appeared at a meeting of the Parke County Heart Association along with Louis B. Russell, Jr., the world's longest surviving heart transplant patient. Dr. Chevalier is Mr. Russell's cardiologist.

Purdue Student Health Center Gains Hospital Accreditation

Hospital accreditation has been granted to the Student Health Center at Purdue University. Dr. L. W. Combs, director of the health center, announces that the Joint Commission on Accreditation of Hospitals approved the accreditation after a survey was made in November, 1969.

Standards are established for the center to include such facilities and services as dietary, medical records, pharmacy, clinical pathology, pathological anatomy, radiology, emergency care for mass casualties and a medical library. The Purdue Board of Trustees assumes legal and moral responsibility for conduct of the hospital, as is required of the governing body of a community hospital.

Dr. Scherschel Shows Slides

Dr. John Scherschel, Bedford, showed color slides of his tour of the Far East, including Japan and Thailand, at a recent meeting of the Bedford Lions Club. Dr. Scherschel recently attended a meeting of the International Congress on Occupation Health in Japan.

Physician Joins Ames

A. H. "Sandy" Macgreger, M.D., has joined the Ames Company, Elkhart, as Director of Clinical Research. Dr. Macgregor is a specialist in obstetrics and gynecology and has previously served as Director of Clinical Research at Schick Pharmaceutical and William S. Merrill Company.

Dr. Heiser on Committee

Dr. Ervin W. Heiser, Elkhart, served as a member of the Abel District activities committee planning the First Aid-O-Ree for the Elkhart-area boy scouts. The scouts demonstrated first aid skills and were awarded ribbons and certificates.

Speaks on Diabetes

Dr. Donald L. Fields, Kokomo, was guest speaker recently for a meeting of the Howard County Diabetes Association. He spoke on "Juvenile Diabetes."

Dr. Greenlee Promoted

Dr. Joseph A. Greenlee, Jr., Avilla, has been promoted to the rank of major in the Indiana Air National Guard. Dr. Greenlee is the flight surgeon for the 122nd Tactical Hospital, Baer Field, Fort Wayne. He has been in the Air Guard for six years and received a direct commission in 1964.

Dr. Graf Speaks

Dr. J. A. Graf, Bloomfield, spoke about his hobbies at a recent meeting of the Bloomfield Rotary Club. Dr. Graf told about one of his hobbies which involved a search of the Rand-McNally Atlas to list the names of citics of particular interest by name.

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NEWS NOTES

Continued

Dr. Comer Speaks

Dr. Kenneth Comer, Mooresville, spoke on his trips to the Congo at a recent meeting of the Martinsville Kiwanis Club. Dr. Comer has spent four separate periods at a Methodist mission hospital in the middle of Equatorial Africa.

Founders Day Dinner-Dance

Dr. Gerald R. Nolan, Fort Wayne, was in charge of reservations for the recent Founders Day observation of the Fort Wayne Academy of Medicine and Surgery.

Dr. Bacala Speaks

Dr. Jesus Bacala, Scottsburg, spoke on "The Nursing Image" at a recent meeting of District 9, Indiana State Nurses Association in Versailles.

Royal Society of Medicine Offers Six Traveling Fellowships

Six traveling fellowships to enable young American physicians to study in Great Britain for three months are being offered this year by the Royal Society of Medicine Foundation.

American citizens under the age of 45 who have completed clinical training and have at least two years research experience may apply. For full details write the foundation at 20 Broad St., New York City 10005.

Named to Best Dressed List

Dr. Durward Paris, Kokomo and Dr. William Shuck, Madison, have been named to the list of 10 best-dressed Hoosiers by the Indiana Retail Men's Wear Association.

Dr. Forchetti Named

Dr. John Forchetti, Chesterton, has been elected to the board of managers of the Westchester YMCA branch.

Dr. Hedgcock Appointed

Dr. Robert A. Hedgcock, Frankfort, has been appointed t a four-year term on the Clinton County Board of Health.

Appoint Officers

Dr. H. J. Halleck, Winamac, has been reappointed count home medical officer by the Pulaski County commissioners. Th commissioners also reappointed **Dr. Madeline P. Dublir Francesville,** to the county board of health for a four-year tern

White-Haines Optical Company Reorganizes Management Personnel

The White-Haines Optical Company has announced that the branch offices have been grouped into three regions.

Charles Schleutker, Indianapolis, will be regional manager this region. Ollie E. Hughes of Indianapolis has been appointe manager of the Contact Lens operations. Lloyd V. Smith, former of Kokomo, will be manager of the South Bend office.

Dr. Knochel Speaks

Dr. Wayne Knochel, Rochester, described the mobile hea watch unit that will be a part of the new coronary care unit Woodlawn Hospital recently at a meeting of the Rochester We come Wagon Afternoon Club.

Dr. Durham Appointed

Dr. Lowell Durham, LaPorte, has been appointed coun physician by the LaPorte board of county commissioners.

Dr. Tuholski Named

Dr. James M. Tuholski, Evansville, has been elected vi president of Bristol-Myers Company there. Dr. Tuholski will co tinue as Mead Johnson president, a position he assumed in 196

DR. HAROLD F. BURDETTE (second fr left), first president of the medical staff Winona Memorial Hospital in Indianapo receives a silver tray marking his term office from William H. Kreig (right), presid of the Winona board of trustees. Ot Winona board members shown are Th dore M. Englehart (left) and Mrs. Dennis Megenhardt. Dr. Normand T. Townley succeed Dr. Burdette, who has served in post since 1967.

SERVICE AWARD—Cummins Engine Company chairman J. Irwin Miller (right) presented Dr. Lyman Overshiner, Columbus, with a 50-year service pin at an award luncheon at Cummins corporate office recently. Dr. Overshiner was innovator in x-ray technology and an advocate of industrial medicine and plant safety procedures.—(CUMMINS PHOTO).

Dr. Bailey Nominated

Dr. Edwin Bailey, Linton, has been nominated as the Outstanding Citizen of North America by the Linton Civitan Club. Five oustanding citizens from throughout the country will receive special recognition at the 50th anniversary celebration of Civitan International in June, 1970. Dr. Bailey will be considered from nominees from throughout the Midwest District for the district outstanding citizen title.

"Manual on Hospital Emergency Preparedness" Now Available to Physicians

"Manual on Hospital Emergency Preparedness" may be obtained for $1.00 per copy from the National Fire Protection Association. It covers preparation for external disasters such as transportation accidents or mass outbreaks of food poisoning as well as internal disasters such as fire, explosion or storm damage to the hospital.

The text outlines responsibilities of hospital personnel at all levels in time of emergency, the hospital's role in a riot situation, and the handling of special problems arising when a recognized VIP is at the hospital. The association's address is 60 Batterymarch St., Boston 02110.

Dr. Nichols Speaks

Dr. Harold G. Nichols, medical director of the Health Center of St. Joseph County, spoke at a recent meeting of the Michiana Chapter of the Administrative Management Society at South Bend. Dr. Nichols, who has been director of the center since 1965, spoke on "Industrial Mental Health."

In Charge of Class

Dr. Francis X. Colligan, LaGrange, was in charge of the first of a series of classes on cardiac care for nurses held at LaGrange County Hospital. The classes are being eonducted in preparation for the installation of a coronary care unit at the hospital.

Physicians Named

Dr. Roy Fultz, Salem, and Dr. Warren S. Tucker, Indianapolis, have been named to a 16-member committee to evaluate sex education in Indiana schools. The committee is a fact-finding unit with the objective of determining what sex courses are offered in Indiana and whether they should be under the jurisdiction of the State Board of Education or remain with the State Board of Health.

Indiana Regional Medical Program Awarded Funding for Its Second Year

The Indiana Regional Medical Program (IRMP) has been awarded funding for its second full year of activity. A total grant of $1,218,509 will go to finance a number of inter-related projects in the fields of heart disease, cancer and stroke.

IRMP projects include an Indiana-wide Regional Stroke Program under Dr. Mark L. Dyken and the development of a network of coronary care units in the state to include training of personnel. There is also a multi-phasic health screening program in Indianapolis and the promotion of community health centers for the city.

New programs and projects which can be enlarged include continuing education for nurses, cancer committee activities, postgrad-

Continued

uate education for physicians, a project in prospective medicine and a health manpower recruitment program for Indiana Health Careers. Aid will be available for the Health Data Unit which plans to collect and collate statistical and epidemiological data for the state.

Dr. McDougal Elected President of Community Blood Bank Board

The board of Directors of the Community Blood Bank of Marion County, Inc., has elected new officers for one-year terms.

Dr. Robert A. McDougal, head pathologist at Winona Memorial Hospital, has been elected president of the board. Donald R. Franklin, Assistant Director of Hospital Finance at Indiana University, Indianapolis, was elected vice-president.

Chester A. Warman became secretary-treasurer. He is Director of Financial Management at Methodist Hospital.

Dr. Cullen Speaks

Dr. P. Kent Cullen, Jr., Indianapolis proctologist and rectal surgeon, spoke at a recent meeting of the Indiana Ostomy Club.

Named Chairman

Dr. George Willison, Evansville, has been elected chairman of the State Hospital Advisory Committee and will also serve as its representative on the state Advisory Council on Mental Health.

Dr. Keating Speaks

Dr. John U. Keating, acting Indiana mental health commissioner, spoke at the annual meeting of the Allen County Mental Health Association recently at Fort Wayne.

Dr. Miller Named

Dr. Virgil C. Miller, Akron, has been reappointed a member of the Fulton County health board.

Dr. Weber to Speak

Dr. George Weber, Indianapolis, is one of four scientists who will summarize the proceedings of a Preliminary Special Session at the Tenth International Cancer Congress at Houston in May and report to the general meeting. Dr. Weber will chair the special session on "Regulation of Gene Expression in Normal and Cancer Cells."

Dr. Wood Named Governor

Dr. Don Wood, Indianapolis, will be Governor for the State of Indiana for the American College of Physicians. He succeeds **Dr. Glenn W. Irwin, Jr.**

AAALAC Gives Full Accreditation to 140 Facilities in the Nation

The American Association for Accreditation of Laboratory Animal Care (AAALAC) announces that, as of March 16, a total of 140 facilities have been fully accredited. This represents an increase, nationwide, of 21 laboratories during the past 12 months.

Those in Indiana include the School of Dentistry of Indiana University, Eli Lilly and Company, the Hazelton Research Animals of Sheridan, Miles Laboratories, the Purdue Veterinary School and the Mead Johnson Research Center at Evansville.

Mr. Keilholz Elected

John R. Keilholz, executive director of the Community Blood Bank of Marion County, was recently elected Chairman of the Community Blood Bank Council, an organization which represents a network of nationwide blood banks.

Dr. Green Reappointed

Dr. Frank H. Green, Rushville, has been reappointed to the American Medical Association Disability Insurance Claims Review Committee, a national committee.

Over Four Million Hoosiers Have Private Hospital Expense Insurance

Some 4,228,000 persons under 65 in Indiana had private hospital expense insurance at the beginning of last year, reports the Health Insurance Institute.

There were 4,008,000 persons under 65 in the state with surgical expense insurance, 3,400,000 with regular medical expense insurance, and 1,830,000 with major medical expense coverage.

The Institute also reported that total health insurance benefits paid in the state by private health insurance organizations were $296,076,000 for 1967.

Dr. Fultz Speaks

Dr. Roy L. Fultz, Salem, spoke recently at an open forum on the prospects and problems of sex education in public schools staged by the Scottsburg elementary Parent Teacher Association.

Dr. Smyrniotis Appointed

Dr. Frank Smyrniotis, Wabash, has been appointed to the Wabash County Health Board.

Physician Appointed

Dr. Myrle E. Artis, Kokomo, has been appointed to a three-year term on the Howard County Board of Health.

Board Appoints

The Board of Hancock County Commissioners has named **Dr. Robert Kuhn, Wilkinson,** to the Hancock County Board of Health.

1970 Rorer Awards Contest For Best Gastroenterology Papers

The American College of Gastroenterology again offers awards for the best unpublished papers in gastroenterology as a part of the Rorer Awards Contest. The first prize is $500 and a three-year subscription to *The American Journal of Gastroenterology,* the second is $300 and a two-year subscription, the third is $200 and a one-year subscription.

All entries should be sent, prior to July 15, to the College at 299 Broadway, New York City, 10007. The College also awards

three identical prizes for the best papers published in *The American Journal of Gastroenterology* during the 12 months ending June 30, 1970.

Special Guests

Dr. Albert M. Hare, advisor from the Vanderburgh County Medical Society and **Mrs. Carole Rust,** executive secretary of the medical society, were special guests at a recent meeting of the First District Medical Assistants Association in Evansville.

Genetics Symposium

Dr. A. Donald Merritt, Indianapolis and Dr. Robert Devetski, South Bend, recently participated in a genetics symposium at St. Joseph's Hospital in South Bend. Dr. Merritt is head of the Department of Medical Genetics at the I.U. School of Medicine and Dr. Devetski is director of postgraduate education at St. Joseph's.

Physician Reappointed

Dr. J. P. Salb, Jasper, has been reappointed county home physician by the Dubois County commissioners.

New Chamber Director

Dr. David L. Buckles, Anderson, has been appointed a director of the Anderson Chamber of Commerce.

Riley Memorial Association Camps for Physically Handicapped Children

The sixteenth season of outdoor camping for physically handicapped children will get under way July 12 at Camp Riley in Bradford Woods under sponsorship of the James Whitcomb Riley Memorial Association.

The camp program, begun in 1954, provides a unique and beneficial experience for some 180 crippled and handicapped children who, because of their disabilities, have few opportunities for outdoor living, education or adventure. Any physically handicapped child from eight through 15 years of age is eligible to apply. His own physician must sign the application after which a committee of doctors, nurses and medical social workers at Riley Hospital determines whether the applicant can participate in and benefit from the camp activities.

Children in wheelchairs, on crutches and braces, and a limited number of deaf and blind children are accepted each year. The camp can accommodate about 60 campers for each session. The first session begins July 12 and ends July 24; the second runs from July 26 to August 7 and the third and final session opens August 9 and closes August 21.

Dr. Robert J. Wade will serve again as Camp Director and will supervise a carefully selected staff of college-trained counselors in a program designed to give handicapped boys and girls 12 days of enjoyable living and learning in an outdoor atmosphere.

The camp is equipped with all-weather cabins, a large dining hall, craft shelter, temperature-controlled swimming pool and outpost facilities, and there is a 110-acre lake for fishing, boating and water sports. A physician and a registered nurse are on duty 24 hours a day and five student nurses from the Indiana University School of Nursing are on hand during each session to supplement the medical staff.

Non-denominational religious services are held at the camp, but if the parents prefer, arrangements can be made to take children to nearby churches.

For children whose parents cannot afford the expense of their camping, camperships provided by generous and interested individuals and groups are available through the Association offices.

The 170 physically handicapped campers enrolled in the camp last sumer came from 57 Indiana counties. Thirty boys and 23 girls were in wheelchairs.

Application blanks have been distributed to former campers and sponsoring groups. They will be accepted and processed on a first-come, first-served basis; therefore it is to the advantage of a child wishing enrollment in a particular session to complete and submit his application early.

Information about Camp Riley and application forms may be obtained from the Riley Memorial Association, 129 E. Market St., Indianapolis. The telephone number is 634-4474.

Dr. Thompson Speaks

Dr. Joseph F. Thompson, Indianapolis, spoke recently on "The Indiana Family Planning Project" before a meeting of the Planned Parenthood Association of Madison County in Anderson. Dr. Thompson is assistant professor of obstetrics and gynecology at the I.U. School of Medicine and director for the Indiana Family Planning project.

Workshop Speaker

Dr. George E. Branam, Muncie, was guest speaker at a Teacher's Workshop on Smoking and Health, sponsored by the Madison County Inter-Agency on Smoking and Health, held recently at Anderson. Dr. Branam is director of laboratories at Ball Memorial Hospital.

Dr. Judson Speaks

Dr. Walter E. Judson, Indianapolis, conducted the first of the 1970 series of Davis Foundation medical lectures recently at Marion. Dr. Judson spoke on "Renal Vascular Hypertension."

New Leaflet tells "Truth" About Aspirin and Arthritis

The Arthritis Foundation is distributing a leaflet entitled "The Truth About Aspirin for Arthritis." Due to the use of aspirin for other indications and because of its easy availability, many

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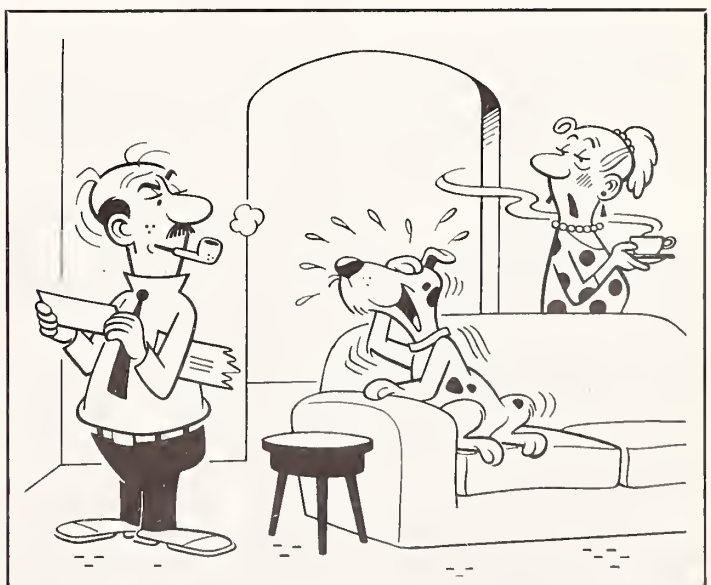

I told you not to let him see the amount of your paycheck!

arthritis patients do not accept it as "the best single medicine for most people with arthritis."

The leaflet gives all the facts about its use, but cautions against self-diagnosis and self-treatment. Its aim is to instill faith in the use of aspirin when it is prescribed by a physician. Copies may be obtained, without charge, from local Arthritis Foundation chapters.

On Panel

"What You Should Know About Drugs" was the topic of discussion at a recent meeting of the United Methodist Church of Fowler. **Dr. A. L. Coddens, Earl Park,** was one of the resource members of the panel.

Named to Board

Dr. Ronald Pancner, Fort Wayne, has been named to the board of directors of the Allen County Mental Health Association.

Dr. Bobb Speaks

Dr. Kenneth Bobb, Seymour, addressed members of District 13 of the Indiana State Nurses Association there recently on "Acute or Chronic Depression." Nurses from Columbus, Scottsburg, North Vernon and Seymour attended the affair.

Dr. Classen Appointed

Dr. Pete R. C. Classen, Elkhart, has been appointed the new physician for the Elkhart County Home for 1970 by the Elkhart County Board of Commissioners. **Dr. George Westfall, Goshen,** has been appointed city jail physician.

Three Indiana Specialists Admitted to American College of Cardiology

The American College of Cardiology has granted Fellowships to **Drs. Nils U. Bang** and **Morton E. Tavel of Indianapolis** and to **Dr. Donald T. Olson of South Bend.**

Dr. B. L. Martz of Indianapolis is president of the college this year and **Dr. Raymond H. Murray of Indianapolis** is the Governor for Indiana.

On Panel

Dr. Joseph P. Fiacable, Fort Wayne, was a member of a panel for a Conference on Alcoholism Prevention held recently in Fort Wayne. Dr. Fiacable is director of the Adult Psychiatric Division of the Mental Health Center at Fort Wayne.

Dr. May Speaks

Dr. R. Milton May, Laconia, spoke on the topic of "Mental Health" recently before the South Central P.T.A. at Corydon.

Dr. Dukes Elected

Dr. Joe Dukes, Dugger, is the new chairman of the board of directors of the Farmers State Bank of Sullivan.

On Symposium

A symposium on "The Battered Child" was held recently at the First Presbyterian Church of Fort Wayne. **Dr. Warren L. Niccum, Columbia City,** discussed the medical aspects of the battered child syndrome.

Dr. Slaughter Honored

Dr. John Slaughter, Evansville skin specialist and organizer of the "Holidays for Humanities," has been invested into the Knights of Malta in New York. This is one of the highest honors the Catholic Church bestows on a layman. The honor for Dr. Slaughter was made through Pope Paul VI in recognition for his service to the sick and the poor, especially those in Central America.

Dr. McClure Appointed

Dr. Stanley McClure, Monon, has been appointed to a four-year term on the White County Board of Health.

Physician Appointed

Dr. John Poncher, Valparaiso, has been appointed to a planning committee to study special education needs for Porter County disabled children.

Dr. Bowen Speaks

Dr. Otis Bowen, Bremen, was the keynote speaker recently for a YMCA Youth and Government Pre-Legislation Assembly at Indiana University. He described the need for involvement of young people in government.

Addresses Group

Men of the Chaplain's Organization in connection with the George Ade Memorial Hospital arranged a visit recently to the Wabash Valley Hospital at Lafayette. They were joined by a group of ministers from Lafayette for an address by **Dr. Wallace Van Den Bosch** of the hospital staff.

New Fellows

Drs. William O. Irvine, Indianapolis and **John E. Heumann, Evansville,** were inducted as Fellows of the American Academy of Orthopedic Surgeons at the group's annual meeting in Chicago recently.

Dr. Volan Speaks

Dr. George Volan, Gary, was the principal speaker at a meeting of the Indiana State Nurses Association recently in Hammond. He spoke on "Reconstructive Surgery of the Hand."

Attend Meeting

Dr. Floyd B. Coleman, Waterloo, recently attended the two-day opening ceremonies of the Indiana University Sesquicentennial at the Bloomington campus.

Opinion Featured

Dr. Garland R. Brown, Fort Wayne radiologist, is among four U.S. physicians whose comments on colon preparation for radiological study were featured in a recent issue of *Modern Medicine.*

Physician Re-Elected

Dr. James E. Wack, South Bend, has been re-elected to active membership in the American Academy of General Practice.

Foot Seminar

Several Indiana physicians attended a special foot health seminar recently at the Veterans Administration Hospital in Cincinnati. Among those attending were **Drs. Bryant A. Bloss, Forest Radcliff and John E. Heumann of Evansville and Dr. John Crist, Mount Vernon.**

FUTURE MEETINGS, SEMINARS, COURSES

"Otolaryngology for the Family Practitioner" Course Offered in Miami

A postgraduate course on "Otolaryngology for the Family Practitioner" will be presented by the University of Miami School of Medicine on November 13 to 14 at the Sheraton Four Ambassadors Hotel in Miami. The course is accredited by the AAGP.

Write Dr. Frederic W. Pullen, II, University of Miami School of Medicine, P. O. Box 875, Biscayne Annex, Miami, Florida 33152.

ACEP Second Scientific Assembly Will be October 18-23 in Las Vegas

The American College of Emergency Physicians will hold its Second Scientific Assembly in Las Vegas, Nevada, October 18-23. Its focus will be on the delivery of primary care in the hospital emergency department.

For information write: Executive Secretary, 120 West Saginaw, East Lansing, Michigan 48823.

Postgraduate Course on Dermatology Listed by Cleveland Clinic

The Cleveland Clinic will conduct a postgraduate course on Dermatology May 21 and 22. The fee for each course is $50, except in the case of interns and residents who are charged $25.

Registration is accomplished by writing the Cleveland Clinic Educational Foundation, 2020 E. 93rd St., Cleveland 44106.

Twelfth Congress of the Pan-Pacific Surgical Association

The Twelfth Congress of the Pan-Pacific Surgical Association is announced for February 26 to March 3, 1972.

Concurrent meetings will be held in eleven surgical specialties. It will meet in the Hilton Hawaiian Village Hotel in Honolulu. Write the Association at 236 Alexander Young Bldg., Honolulu 96813.

Summer Camp for Diabetic Children Set for July 19-August 9

The Summer Camp for Diabetic Children will be conducted by the Diabetes Association of Greater Chicago at Holiday Home, Lake Geneva, Wisconsin, from July 19 to August 9.

Boys and girls from eight through 13 years are eligible. Rates are arranged in accordance with individual circumstances. Write the Association at 620 N. Michigan Ave., Chicago 60611, or call 312-943-8668.

Seminar in Obstetrics and Gynecology November 19-20 in Florida

A Seminar in Obstetrics and Gynecology will be conducted on November 19 and 20, at the University of Florida College of Medicine in Gainesville.

Write the Division of Postgraduate Education, Box 758, College of Medicine, Gainesville 32601.

Postgraduate Course in Laryngology, Bronchoesophagology

The Department of Otalaryngology of the University of Illinois at the Medical Center will conduct a postgraduate course in Laryngology and Bronchoesophagology from November 2 through 13. This course is limited to 15 physicians and will be under the direction of Paul H. Holinger, M.D. It will be held largely at the Eye and Ear Infirmary of the University of Illinois Hospital, 1855 West Taylor Street, Chicago, and will include visits to a number of other Chicago hospitals. Instruction will be provided by means of animal demonstrations and practice in bronchoscopy and esophagoscopy, diagnostic and surgical clinics, as well as didactic lectures and several motion pictures.

Interested registrants will please write directly to the Department of Otolaryngology, Abraham Lincoln School of Medicine of the College of Medicine, University of Illinois at the Medical Center, Postoffice Box 6998, Chicago, Illinois 60680.

Sex Education Workshop for Professionals Will be in June

A Sex Education Workshop for Professionals will be held June 9-11 at the English Foundation Building, 615 N. Alabama St., Indianapolis.

Sponsored by the Social Health Association of Indianapolis and Marion County, the workshop is designed to bring to the professional person the latest materials and information concerning sex education.

Enrollment is limited to 50 persons. For further information and a program, contact: Social Health Association of Indianapolis, English Foundation Building, 615 N. Alabama St., Indianapolis.

Institute for Sex Research Summer Program in Human Sexuality

The Institute for Sex Research of Indiana University will hold a summer program in Human Sexuality July 19-31 at Bloomington.

The program will include a general lecture course in human sexuality, the use of task groups to promote awareness of sexual attitudes and their role in sex education and counseling, and a workshop in technics of sex education.

A special medical tract has been set up for physicians and those attending will receive actual clock hours of attendance as prescribed hours from the Indiana Academy of General Practice.

For further information, write to Summer Program, Institute for Sex Research, Bloomington 47401. Registration ends May 15.

Continued

Flying Physicians to Meet in Vancouver, B.C., in August

The Flying Physicians Association will hold its 16th annual meeting, its first outside the United States, in Vancouver, British Columbia, on August 23 to 28. The Bayshore Inn will be headquarters. Between 700 and 900 persons are expected to attend.

Facilities will be ready for more than 200 aircraft. The association, which had 700 members in 1955, now has over 2200. Doctors from all over the world belong---all members must hold valid pilot certificates and must belong to a medical society which is approved by the association's directors.

Indiana Physicians to Speak at Boerhaave Postgraduate Course

Drs. Carl B. Sputh and Sydney L. Stevens, Indianapolis, will be members of specialist faculty of the Boerhaave Postgraduate Course in "Functional Corrective Surgery of the Nasal Septum and External Pyramid" which will be conducted at Leiden University in Leiden, Holland, August 30 to September 9.

The official language is English. More than thirty distinguished specialists will participate. Course membership is limited. For full information and application forms write to J. Stelling, M.D., Afd. K.N.O., Academisch Ziekenhuis, Leiden, Holland.

I got to where I can't stand to hear a clock ticking.

Annual Otolaryngologic Assembly Set for September 19-25

The Annual Otolaryngologic Assembly of 1970 will be held September 19 through 25 in the Eye and Ear Infirmary of the University of Illinois Hospital. The Department of Otolaryngology, College of Medicine, University of Illinois at the Medical Center, offers a condensed postgraduate basic and clinical program for practicing otolaryngologists under the direction of Doctor Emanuel M. Skolnik. It is designed to bring to specialists current information in medical and surgical otorhinolaryngology.

A separate, but correlated course "Conference on Radiology in Otolaryngology and Ophthalmology" will be held this year on November 27 and 28, under the guidance of Doctor Galdino E. Valvassori. For further information about the radiology conference, write to Professor Valvassori, Radiology Department, College of Medicine.

Interested otolaryngologists should direct their inquiries to the mailing address: Otolaryngology, P.O. Box 6998, Chicago, Illinois 60680.

Luncheon Seminar on Cryosurgical Procedures in EENT Set for October 4

A luncheon seminar on cryosurgical procedures in EENT will be held on Sunday, October 4, at the Dunes Hotel, Las Vegas, immediately preceding the October 5 meeting of the American Academy of Ophthalmology and Otolaryngology.

Several papers will be read covering cryosurgery for the eye and for the ear, nose and throat. For full information write Secretary, Society for Cryosurgery, 30 N. Michigan Ave., Chicago 60602.

Educational Course Announced on Clinical Electroencephalography

A continuation course on "Current Practice of Clinical Electroencephalography" will be held September 14-16 in Washington, D. C. The course is designed to review the principal applications of the EEG to clinical medical practice, and is sponsored by the American Electroencephalographic Society.

Inquiries about further details of the course or registration procedure should be addressed to Dr. Donald W. Klass, EEG Course Director, Mayo Clinic, Rochester, Minnesota 55901.

Ninth National Conference on Therapies for Advanced Cancers

The Ninth National Conference on Therapies for Advanced Cancers will be held at the University of Wisconsin Postgraduate Center on August 20 to 22. For information write Dr. R. J. Samp, University Hospitals, Madison, Wisconsin 53706.

Three-Week Summer Course in Research Instrumentation in New York

A three-week summer course in Research Instrumentation will be conducted at Polytechnic Institute of Brooklyn for those who need a working knowledge of electronic instrumentation as applied to problems in research. This includes members of the medical profession who are interested.

The course will be held from July 25 to August 15 on the downtown Brooklyn campus at 333 Jay St. The tuition of $550 covers all laboratory fees, textbooks and special notes. Write Prof. Kenneth Jolls, 333 Jay St., Brooklyn, New York 11201. ◄

INDIANA STATE BOARD OF HEALTH

MONTHLY REPORT—March, 1970

Disease	Mar. 1970	Feb. 1970	Jan. 1970	Mar. 1969	Mar. 1968
Animal Bites	516	391	312	556	755
Chickenpox	506	620	619	714	667
Conjunctivitis	164	153	83	141	133
Diphtheria	2	0	0	0	0
Dysentery, Unspecified	5	18	37	89	120
Gonorrhea	608	514	590	485	579
Impetigo	107	90	94	93	99
Infectious Hepatitis	69	57	46	35	47
Infectious Mononucleosis	76	98	85	123	153
Influenza	5041	11278	2845	8788	1719
Measles					
Rubeola	60	33	26	131	150
Rubella	399	284	124	338	103
Meningitis, Meningococcal	6	5	1	7	6
Meningitis, Other	2	3	2	6	9
Mumps	369	218	196	337	822
Pertussis (whooping cough)	7	5	0	3	16
Pneumonia	479	433	456	295	308
Poliomyelitis	0	0	0	0	0
Streptococcal Infections	1025	995	867	1608	1185
Syphilis					
Primary & Secondary	51	35	39	30	22
All Other Syphilis	115	76	68	117	142
Tinea Capitis	3	4	2	6	17
Tuberculosis (Active)	75	92	101	91	98

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County, District News

Ninth District

New officers of the Ninth District Medical Society are: Drs. James M. Kirtley, president and Wesley Shannon, secretary-treasurer. Both of the new officers are from Crawfordsville.

Bartholomew-Brown

A group discussion on "Medical Needs in Bartholomew-Brown Counties" highlighted the March 11 meeting of the Bartholomew-Brown County Medical Society. Speakers included: Miss Mary Ann Wrightman, R.N., a Public Health nurse; John Bloch, director of the Community Action Program and Henry Blessing, county director of the welfare department.

Boone

Dr. Peter R. Petrich, chairman of the Board of Trustees, spoke to the members of the Boone County Medical Society at their March 3 meeting.

Cass

The Cass County Medical Society met March 2 to hear Dr. Charles Rushmore, Indiana Bell Telephone Company, Indianapolis, speak on "Occupational Medicine Today."

Clay

New secretary of the Clay County Medical Society is Dr. E. L. Conrad, Brazil.

Dearborn-Ohio

Dr. Finnegan, a Cincinnati oral surgeon, spoke on "Oral Lesions and Pathology" at the March 5 meeting of the Dearborn-Ohio County Medical Society.

DeKalb

New officers of the DeKalb County Medical Society are: Drs. Charles T. Weirich, Butler, president and Clifford Shultz, Butler, secretary-treasurer.

Elkhart

Dr. Thomas A. Elliott, Elkhart, discussed "Development and Treatment of Cardiac Arrest" at the March 5 meeting of the Elkhart County Medical Association.

Fort Wayne

Dr. Billy F. Andrews, of the University of Louisville, spoke on "Neonatology" at the March 3 meeting of the Fort Wayne Medical Society.

Fountain-Warren

"Family Planning" was the topic of Dr. Joseph Thompson, Indianapolis, when he spoke at the March 5 meeting of the Fountain-Warren County Medical Society.

Grant

A film entitled "Diabetes Control from USV" was shown at the March 23 meeting of the Grant County Medical Society.

Henry

A tour of the new extended care facility in New Castle was a highlight of the March 19 meeting of the Henry County Medical Society.

Howard

The Howard County Medical Society met March 3 and heard Dr. James E. Carter, Indianapolis, speak on new ideas and concepts in the curriculum change at the I.U. Medical Center.

Huntington

Dr. Robert A. Flaherty, Fort Wayne radiologist, discussed "Thoracic Radiology" at the March 10 meeting of the Huntington County Medical Society.

Jefferson-Switzerland

"Psychiatric Progress During the Past Half Century" was the topic of Dr. Theodore C. C. Fong, Madison, when he spoke at the March 19 meeting of the Jefferson-Switzerland County Medical Society.

Lake

Dr. Lowell Steen, president of ISMA, reported on the special meeting of the House of Delegates at the March 18 meeting of the Lake County Medical Society.

LaPorte

Dr. Arthur White of the Indiana University School of Medicine discussed "Hospital-Acquired Infections Which May Be Drug-Resistant" at the March 17 meeting of the LaPorte County Medical Society.

Montgomery

Dr. Joel Cleveland, Danville, Ill., spoke on "Cancer of the Lung" at the March 19 meeting of the Montgomery County Medical Society.

Perry

Dr. Robert Gilbert, Tell City, has been elected president of the Perry County Medical Society. Dr. Robert A. Ward, also of Tell City, was renamed secretary-treasurer.

Randolph

The Randolph County Medical Society met March 9 at the Union City Country Club. Dr. Richard Ingram, Eighth District Trustee, spoke on the special House of Delegates meeting.

Vanderburgh

The Vanderburgh County Medical Society met March 17. A film on the Eye Bank program was shown by Bernard Powers and George Nicoson of the Evansville Lions Club, and the business meeting followed.

Wayne-Union

Dr. John Ling, Richmond, has been named president of the Wayne-Union County Medical Society. The mayor of Richmond, the police, the fire chief, hospital administrators and the hospital board of trustees joined the physician members of the county medical society March 10 to hear Dr. John Suelzer, Indianapolis, speak on "Emergency Medical Services." Dr. Suelzer is director of the ambulance service of Marion County General Hospital and Chairman of the Marion County Emergency and Disaster Medical Services Committee.

Wells

Dr. Louis F. Bradley, Bluffton, has been named secretary-treasurer of the Wells County Medical Society. Speaker at the March 17 Spring Basic Science Lecture was Dr. Charles Fisch, Indianapolis, who spoke on "The Electrophysiology of Ventricular Extrasystoles."

COMMERCIAL ANNOUNCEMENTS

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WANTED: Assistant M.D., Culver Military Academy, Culver, Indiana starting as soon as possible in 1970. Pleasant well-regulated job; 50-bed hospital with outpatient department. Good life. Attend 800+ cadets, faculty and employees. Campus on beautiful Lake Maxinkuckee. All sports $2.50 per month. Golf on campus. Salary open to discussion. Much reduced rates for boys or girls qualified to attend Academy. Contact D. L. Tennant, M.D., 219 - 842-3311 or 842-2940.

WANTED: EMERGENCY ROOM PHYSICIANS to run Emergency Room Department on a full-time basis and assist in active teaching program. Fee for services with guaranteed minimum. Address: E. R. Subcommittee, % C. A. Riggs, St. Vincent's Hospital, 120 W. Fall Creek Parkway, Indianapolis 46208 for further details and application.

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ASSOCIATION DESIRED: 33-year-old G.P. with one year residency in internal medicine; two years U.S. Public Health Service and five years solo practice, including obstetrics, desires association with one or more general practitioners. Write Box 359, The Journal, Indiana State Medical Association, 3935 N. Meridian St., Indianapolis 46208.

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PHYSICIAN needed in an Industrial Clinic in Indianapolis. Write % Box 360, The Journal, ISMA, 3935 N. Meridian, Indianapolis 46208, for details. Please include resume and stipend required.

NOTICE

Commercial announcements are carried in the Journal as a special service to ISMA members. Only advertisements considered to be of advantage to members by the Journal editorial board will be accepted. Those of a truly commercial nature (i.e., firms selling brand products, services, etc.) will be considered for display type advertising.

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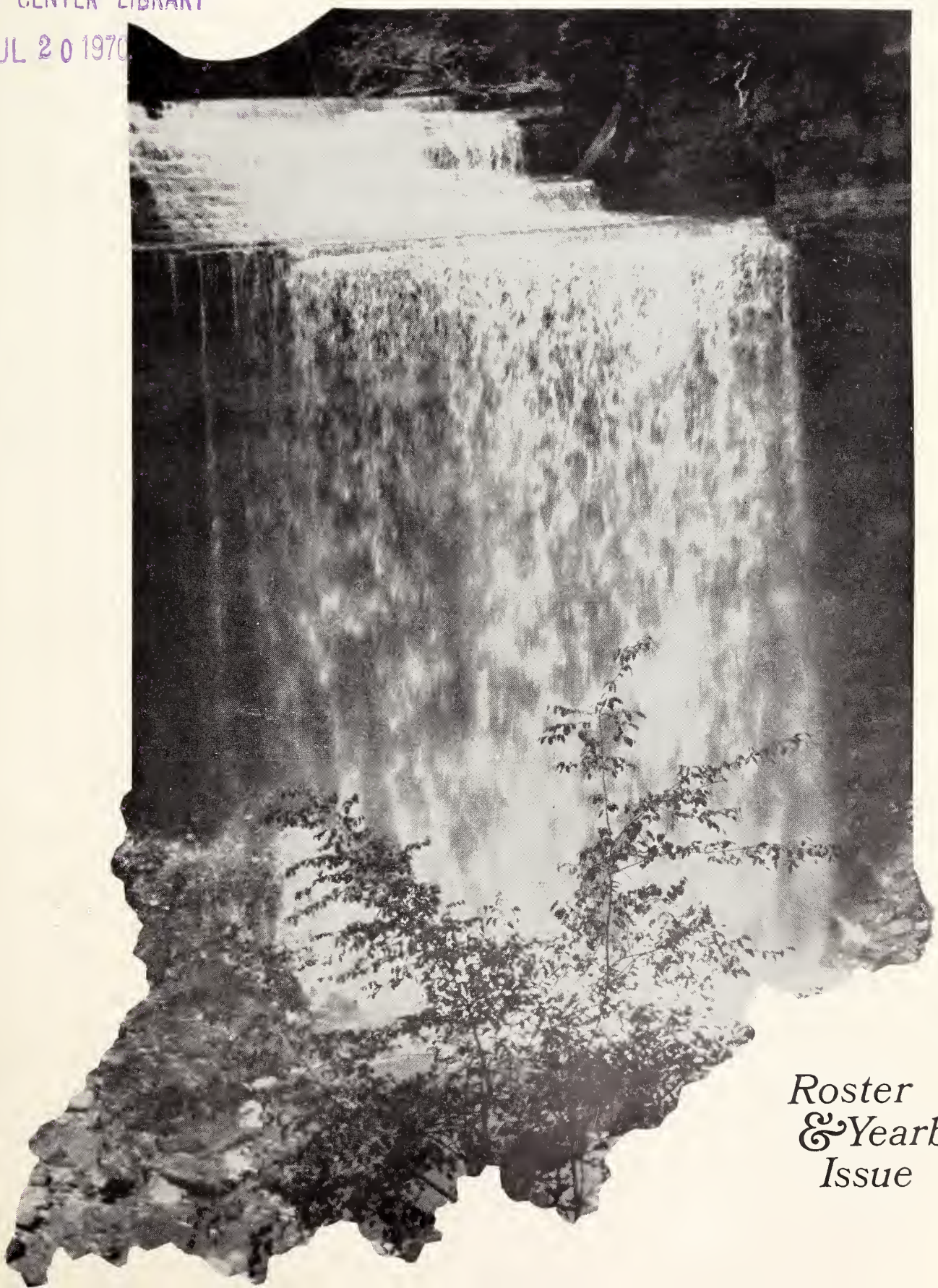

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(1) Siver, R. H.: CMD, *21*:109, September 1954. (2) Frykman, H. H.: Minn. Med., *38*:19-27, January 1955. (3) McGivney, J.: Tex. State Jour. Med., *51*:16-18, January 1955. (4) Quehl, T. M.: Jour. of Florida Acad. Gen. Prac., *15*:15-16, October 1965. (5) Weekes, D. J.: N.Y. State Jour. Med., *58*:2672-2673, August 1958. (6) Weekes, D. J.: EENT Digest, *25*:47-59, December 1963. (7) Abbott, P. L.: Jour. Oral Surg., Anes., & Hosp. Dental Serv., 310-312, July 1961. (8) Rapoport, L. and Levine, W. I.: Oral Surg., Oral Med. & Oral Path., *20*:591-593, November 1965.

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Communications dealing with editorial matter should be sent to Frank B. Ramsey, M.D., Editor, 1802 North Illinois Street, Indianapolis 46202. All other communications should be sent to THE JOURNAL of the Indiana State Medical Association, 3935 N. Meridian, Indianapolis 46208.

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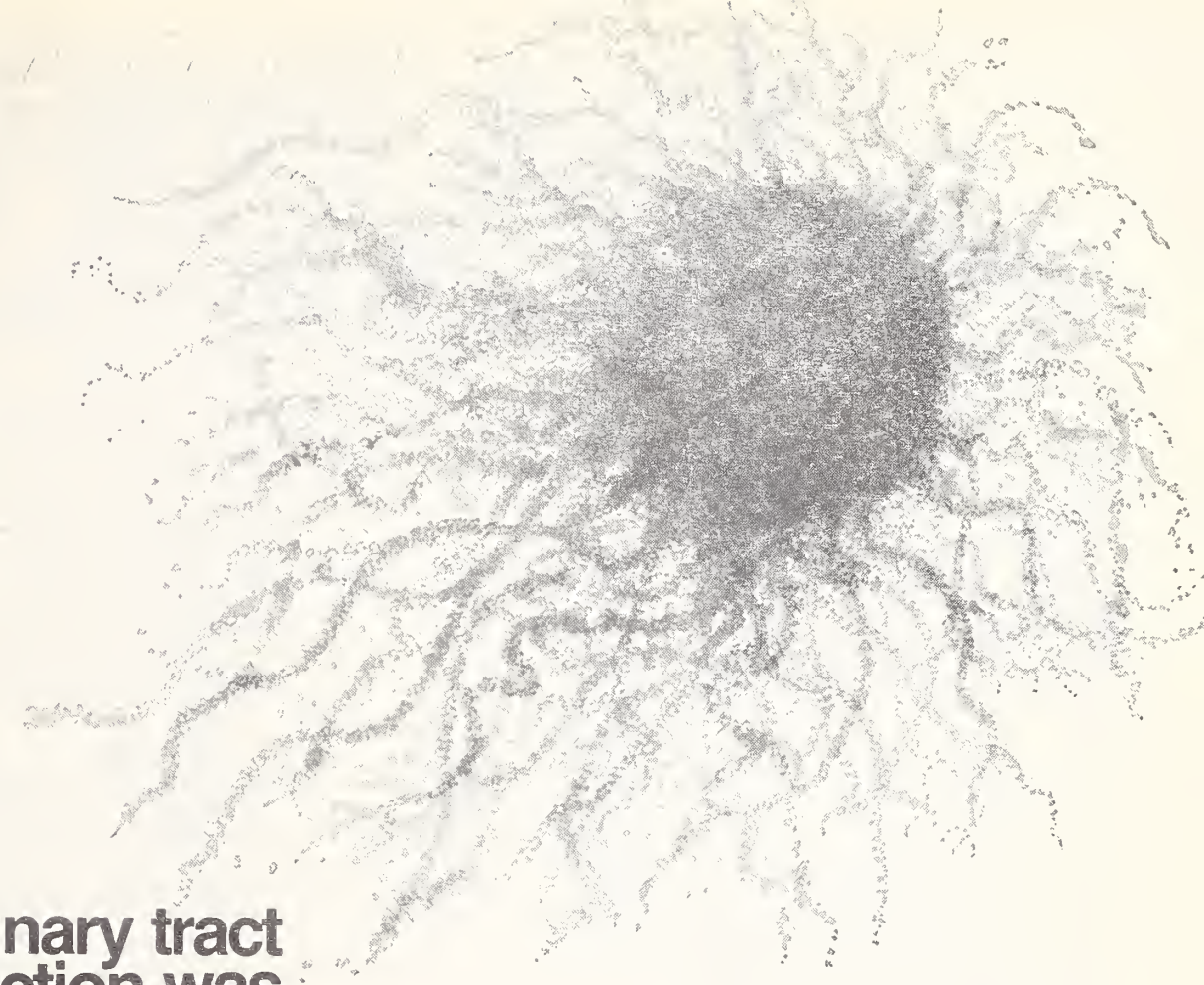

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District	Term Expires
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2—Joe Dukes, Dugger	Oct. 1972
3—Donald M. Kerr, Bedford	Oct. 1970
4—Robert M. Reid, Columbus	Oct. 1971
5—Wilbert McIntosh, Riley	Oct. 1972
6—Stephen D. Smith, Knightstown	Oct. 1970
7—James H. Gosmon, Indianapolis	Oct. 1971
7—Dwight W. Schuster, Indionapolis	Oct. 1972
8—Richard Ingram, Montpelier	Oct. 1972
9—Peter R. Petrich, Attica (Chairmon)	Oct. 1970
10—Vincent J. Santore, Munster	Oct. 1971
11—Lowell Hillis, Logonsport	Oct. 1972
12—William R. Clark, Fort Wayne	Oct. 1970
13—Otis R. Bowen, Bremen	Oct. 1971

ALTERNATES

District	Term Expires
1—Eugene Austin, Evansville	1970
2—Betty Dukes, Dugger	1971
3—Elmer L. Wallace, New Albany	1971
4—Jack E. Shields, Brownstown	1970
5—Cleon M. Schauwecker, Greencastle	1970
6—Paul M. Inlow, Shelbyville	1972
7—John O. Butler, Indianapolis	1972
7—Joseph C. Kerlin, Danville	1972
8—Paul Sporks, Winchester	1970
9—Lindley Wagner, Lafayette	1971
10—Thomas C. Tyrrell, Hammond	1972
11—James A. Harshman, Kokomo	1971
12—Frederic L. Schoen, Fort Wayne	1971
13—G. Beach Gattman, Elkhart	1970

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Terms expire December 31, 1970:

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Eugene F. Senseny, Fort Wayne	Eugene S. Rifner, Van Buren
Frank H. Green, Rushville	Kenneth O. Neumann, Lafayette

Terms expire December 31, 1971:

Delegates	Alternates
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John Farquhar, Fort Wayne	Thomas C. Tyrrell, Hammond

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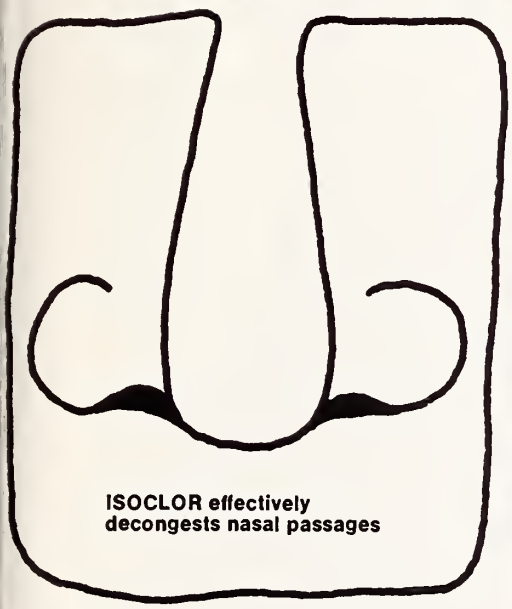
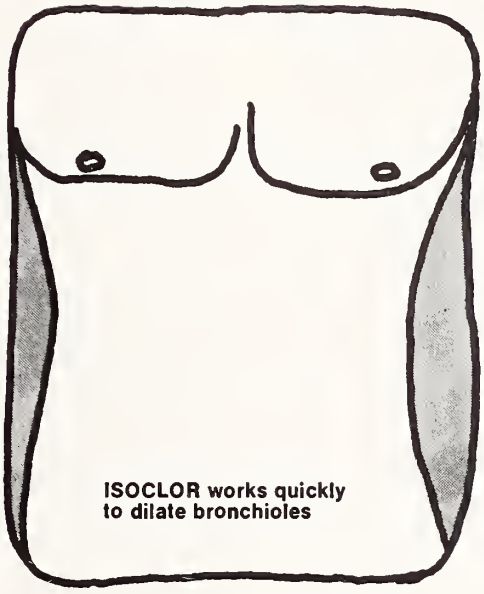
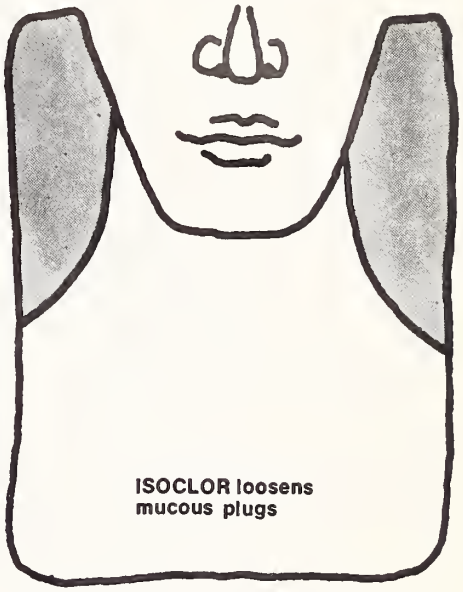
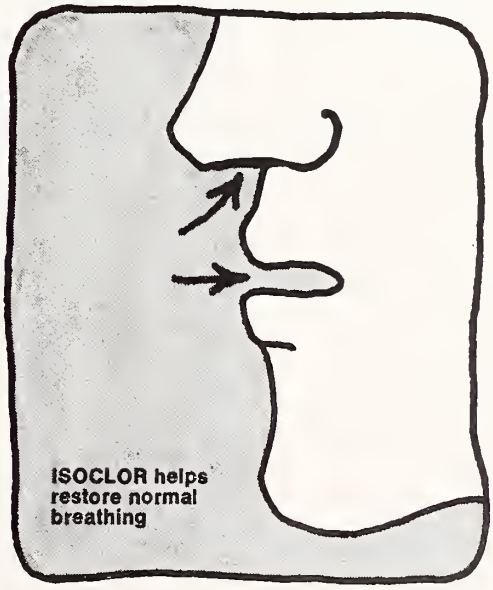
2.	Thomas O. Barrett, Vincennes	J. S. Brown, Carlisle	
3.	Doniel H. Cannon, New Albony	Elmer L. Wallace, New Albany	
4.	D. D. Dickson, Greensburg	James C. Miller, Greensburg	
5.	William Tipton, Greencastle	Cleon M. Schauwecker, Greencastle	
6.	David Wynegor, Richmond	John Maenning, Greenfield	Moy 5, 1971, Greenfield
7.	Malcolm O. Scomahorn, Pittsboro	Donald E. Stephens, Indionopolis	
8.	David J. London, Union City	Carol R. Chambers, Union City	
9.	Jomes M. Kirtley, Crowfordsville	Wesley E. Shonnon, Crawfordsville	
10.	Robert Milos, Gary	J. M. Siekierski, Griffith	
11.	Julius T. Steffen, Wabash	Fred Poehler, La Fontaine	Sept. 23, 1970, Marion
12.	John Hartman, Angola	DeWayne L. Hull, Fort Wayne	
13.	Jomes D. Finfrock, Elkhart	John Hildebrand, South Bend	Sept. 3, 1970, Elkhart

HERE ARE THE COLD FACTS:









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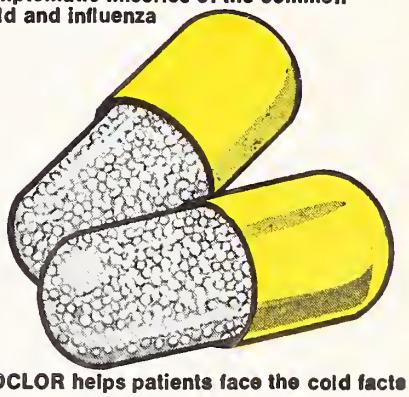

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40-50 pounds:		¾-1 tsp. q. 3-4 h.	
30-40 pounds:		½-¾ tsp. q. 3-4 h.	
20-30 pounds:		¼-½ tsp. q. 3-4 h.	
15-20 pounds:		⅛-¼ tsp. q. 3-4 h.	

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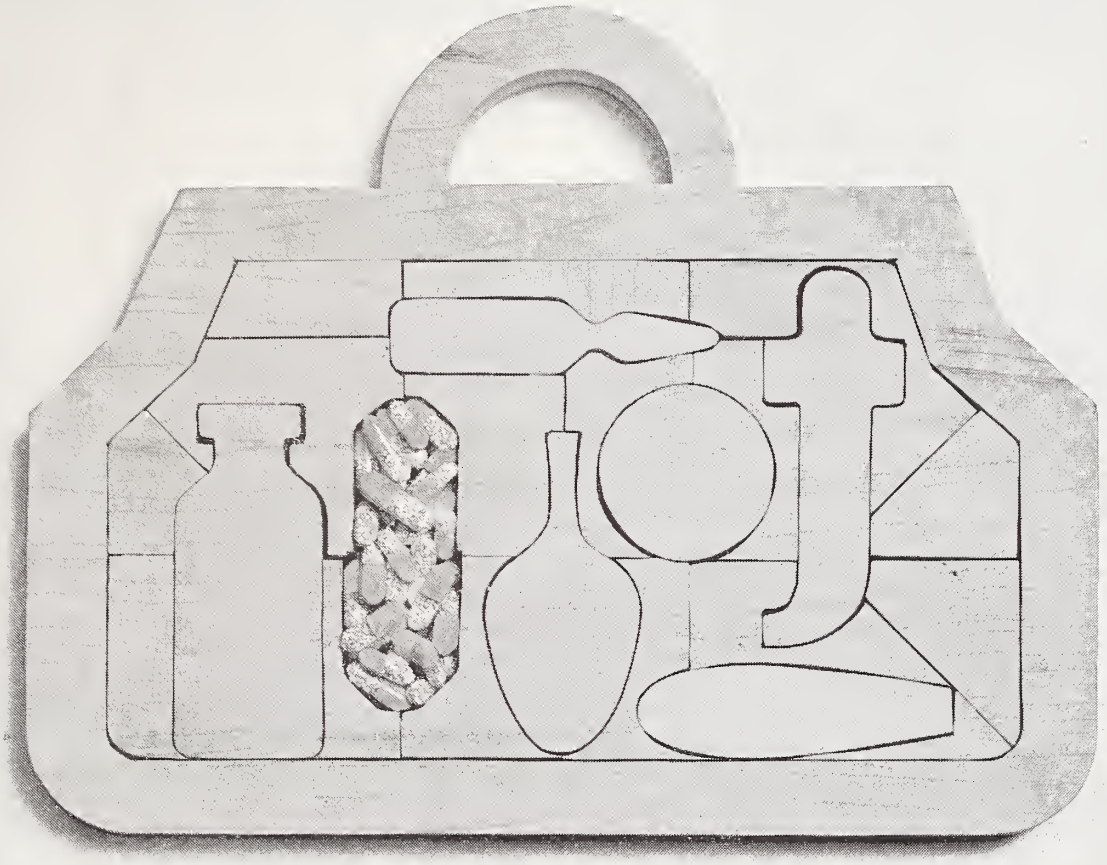

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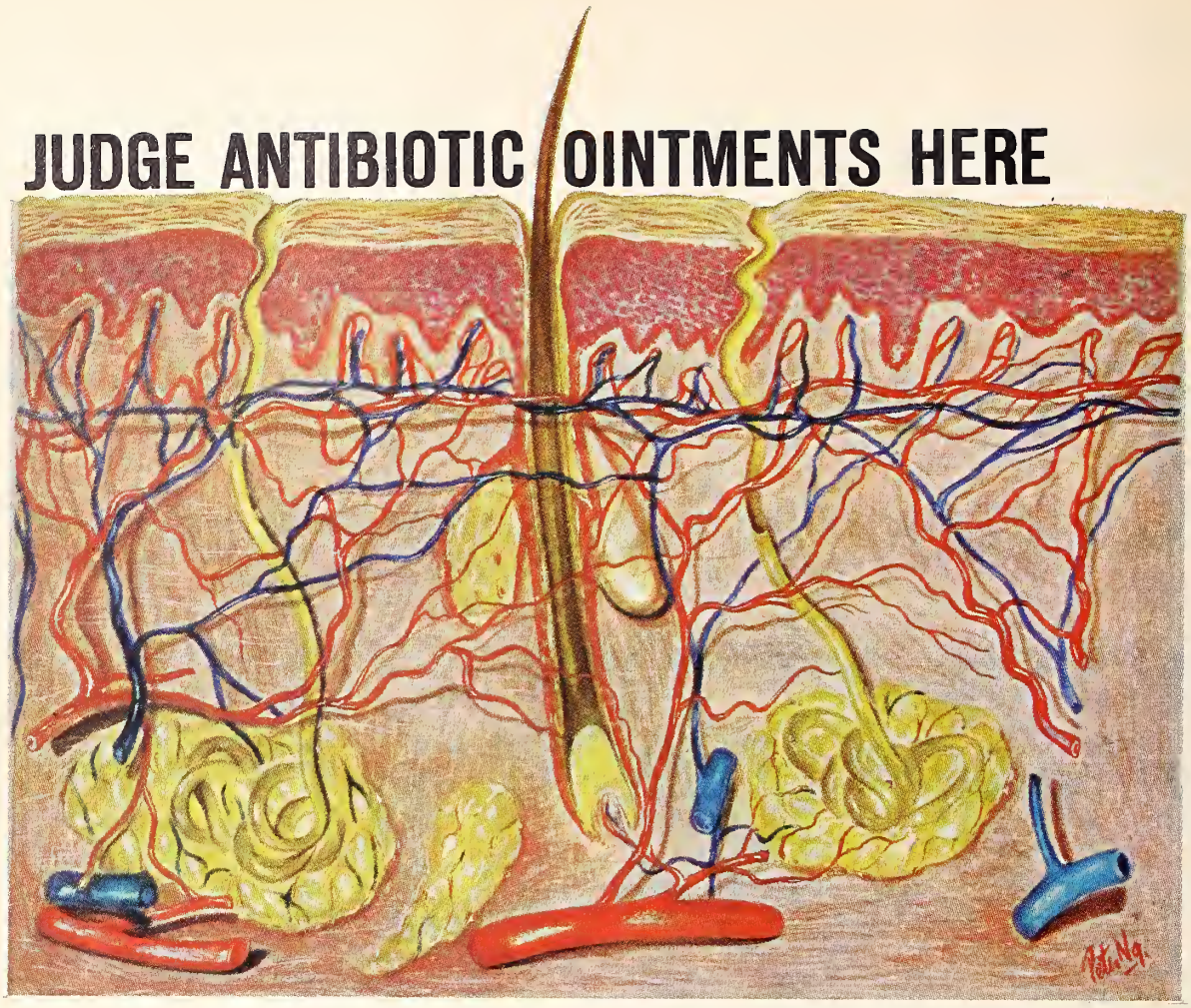

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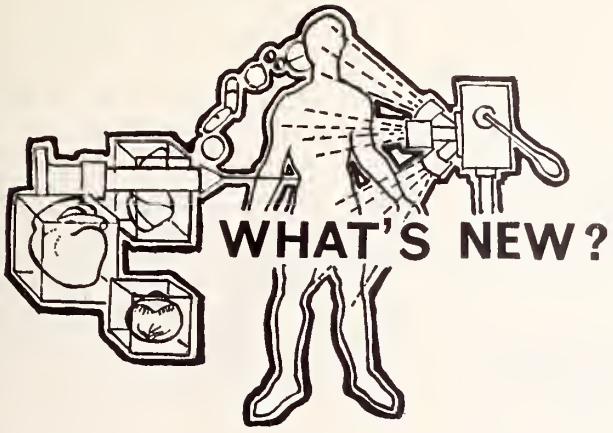

Medi Card, Inc., of Stamford, Connecticut, has a new credit card system for payment of medical bills. Called "Medi Card" the system also provides a 24-hour-a-day computerized emergency medical information service. The medical information is obtainable by a toll-free telephone call from any point in the continental United States. The phone number appears on the subscribers Medi Card along with a record of allergies, heart conditions, diabetes, etc. The credit card is initially being offered in the New England states and in Pennsylvania, New Jersey and Delaware. It is scheduled for Florida soon. Plans are that it will extend to all 50 states eventually.

* * *

Ayerst Laboratories is introducing a new Riopan® Antacid Suspension with a new taste and a new texture. To overcome the chalky taste the product has a smooth, creamy texture. Mint flavor completes the transformation. It provides relief for gastric hyperacidity without creating constipation or diarrhea. It is available in 12-ounce bottles.

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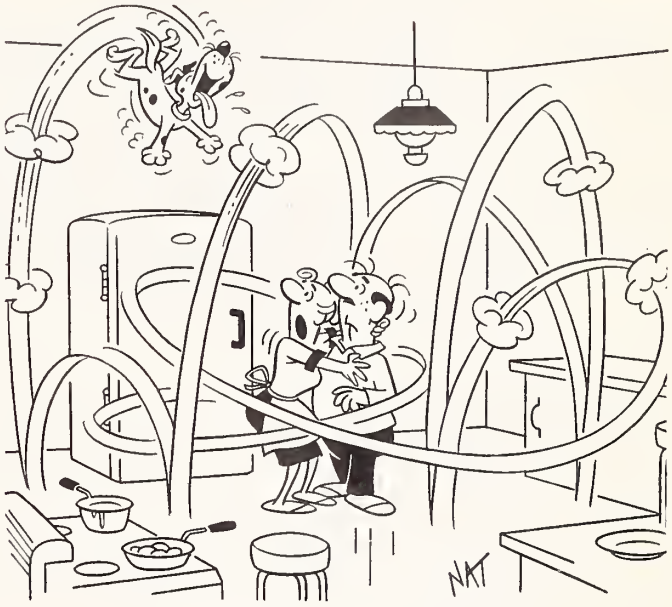
* * *

Parke-Davis announces a new form of its oral contraceptive, Norlestrin. The new packaging will include 21 tablets of Norlestrin-1 mg. and seven tablets of 75 mg. ferrous fumarate, USP, as a dietary supplement. It is called Norlestrin Fe 1 mg. The combination utilizes the non-endocrine portion of the cycle for iron administration to offset iron loss due to menstruation.

* * *

News of what is new in the medical supply industry is composed of abstracts from news releases by manufacturers—of pharmaceuticals, clinical laboratory supplies, instruments, and surgical appliances and book publishers. Each item is published as news and does not necessarily constitute an indorsement of a product or recommendation for its use by THE JOURNAL or by the Indiana State Medical Association.



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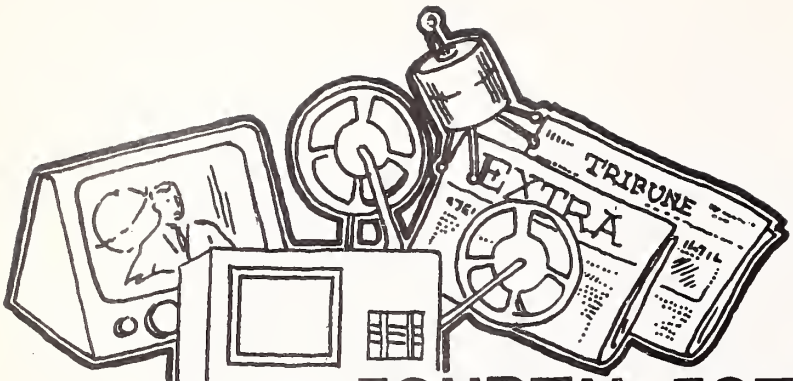

FOURTH ESTATE

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

Doctors Offer Free . . . and Very Good Advice

Every now and then, when editorial ideas seem to be at a low ebb, it occurs to us that not too much can be said about the dirty and dangerous habit of smoking.

A cure for cancer is in sight. Doctors have reported they expect a significant cure for most cancers within the next five to 10 years.

Meanwhile, lung cancer grows at an astronomical rate . . . and this is one of the most deadly of all cancers.

Dr. Glenn Ley, one of nine doctors speaking recently at Bloomington to a high school audience, told the youngsters 50 of every 100 lung cancers are so far along when discovered that the patient is virtually dead the day discovery is made; another 25 may recover completely after surgery or cobalt treatment if the cancer is discovered in time; and the other 25 may have operations that are partially successful but only 10 to 15 of the 25 would survive for as long as five years after surgery.

"Our biggest hope," Dr. Ley said, "is to get to the younger generation and make cigarette smoking unglamourous to them."

Another doctor, Cyrus Houshmand, said that fewer than 10 of 80 doctors in the Bloomington area still smoke. . .and he added that nationwide 100,000 doctors have stopped smoking.

These doctors are handing out free advice. It could be better advice than any you've ever paid for.

Think your smoking is no one else's business? Well . . . that's life. Or is it? **—Tom Witherspoon.** — *Portland Commercial-Review,* March 19, 1970.

Full Quota of Interns

In a way, Memorial and St. Joseph's Hospitals are fortunate to obtain their full quota of interns, 10 each, for the year beginning July 1. Competition is intense. Nationally, less than half of the 13,000 applications by hospitals will be filled. Only three other hospitals in Indiana, two in Indianapolis and one in Evansville, will receive full quotas.

But more than mere good fortune accounts for the success of Memorial and St. Joseph's. Sister Margo Cain, C.S.C., administrator of St. Joseph's, pointed to a crucial fact in noting that the pleasing situation is a tribute to the medical education porgrams at the two hospitals.

Richard W. Trenkner, Memorial administrator, properly called attention to the fact that a full staff of interns means better patient care for the community.

Under the system, graduating medical students rate their hospital choices in the order of preference and hospitals similarly rate the interns. That so many of the graduates expressed preference for the two local general hospitals reflects on the reputations of Memorial and St. Joseph's for overall quality and for the continuing education programs that have been developed for the interns.—*South Bend Tribune,* March 25, 1970.

Unsolved Problem

The topic of drugs—ever before us—cannot become wearisome, for the urgency of today's drug problem compels a thinking world to look and take action as soon as possible.

The controversy still rages concerning legalizing marijuana. Many believe that penalizing those caught using it with such stiff action is expanding the offense out of proportion, stigmatizing many youthful "experimenters" who would not become users of or addicted to stronger dope.

On the other hand the argument is that only with strict laws can we hope to deter many users, who know the penalty is too great a price to pay for the brief "high" they might get from pot.

Drinking of alcoholic beverages was, without any doubt, deterred by prohibition, despite heavy bootlegging. Contrary to any arguments which are generally proclaimed by the majority of citizens, the report of the 18th amendment unleashed a definite reaction of crime, accidents, and illness in this country unmatched in history.

Many "pot smokers" argue that marijuana does not lead to harder drugs; other experts say that sta-

tistics are beginning to show that the majority who try marijuana will go on to something else, something that is addictive.

Anthropologist Margaret Mead, a visitor in Indiana last week, says marijuana has been used 2,000 years. So have many other harmful foods and drugs, including tobacco, but this does not make them acceptable nor desirable.

It is becoming quite apparent that not enough statistics are available yet on marijuana users, its effects on the mind, and long-range studies.

Although marijuana is only one part of the drug problem the entire field must be examined, and our children, and adults, must be informed —*North Side Topics*, (Indianapolis), April 2, 1970.

Riding The Horse—

Just a few years ago, teenagers sneaked a beer now and then if they wanted to be daring. Then came the switch to marijuana — with some neophyte swingers moving on to LSD and pep pills. But now youngsters in colleges and high schools are being attracted to something new for them and more deadly—heroin.

"Within a couple of years, every high school and every college in the country will be inundated by heroin," warns Dr. Donald H. Louria, president of the New York State Council on Drug Addiction. Some experts regard his statement as extreme. Others trace the rise in heroin to the federal crackdown on marijuana which made grass harder to get while heroin, or "horse," remained accessible.

But no one seems to dispute Dr. Louria's contention that "all of a sudden, unpredictably, this dangerous addictive drug has grown in frightening popularity." In New York City, 33 teenagers have died after using heroin during the first two months of this year. During 1969, the total number of teenage deaths here from heroin was 224. One addict was only 12 years old.

Heroin, or dacetyl morphine, has been around for more than 70 years. At first it was administered as a substitute to people who were addicted to morphine. Soon it was determined that heroin was more addictive than morphine. By the 1920's, addicts were injecting it directly into their veins. Legalized heroin processing has been halted in the United States and it is no longer used officially even as a pain killer.

Dr. Stanley F. Yolles, director of the National Institute of Mental Health, estimates that there are about 110,000 to 125,000 "abusers" in the United States. "It is a problem that is growing at an alarming rate," he adds. To an increasing extent, hard narcotics are being linked to street crimes as addicts seek the $50 or $75 a day they need to feed their habit.

Narcotics became a problem for the politicians when the white middle class became afflicted. Hard drugs, such as heroin, had been a scourge of the black slums for years, but few people noticed. In Washington, students tell of pushers entering ghetto schools to peddle their wares. Now, the problem cuts across race and class lines.

President Nixon recently emphasized the seriousness of mounting drug use in the schools. He ordered a six-fold increase — to $12.4 million — in the 1971 fiscal year in programs to inform teachers and students of the dangers of drug abuse. Efforts are being made to get Turkey and other nations to crack down on heroin production.

Across the nation, shocked — and sometimes panicked — communities are launching their own action programs. In some areas, vigilantes are trying to drive out the dope pushers. But as the demand for heroin grows, so does the resourcefulness and determination of those who profit from the deadly trade.

Drug abuse is becoming an ever increasing problem in Anderson and other areas throughout the state of Indiana. One of the few optimistic signs of efforts to curb come in the form of a Hoosier Teen Health Happening, slated for the Manufacturers Building at the State Fairgrounds in Indianapolis on Thursday and Friday, April 23 and 24. Sponsored by the Indiana State Medical Association, the happening will focus on the theme: "A Shakedown on the Sex, School and Drug Scene."

High school students from the Hoosier state will be invited to the program. The youngsters will hear speakers on the subjects of drug abuse, alcohol, sex, tobacco, traffic safety and mental health and will see exhibits from the American Medical Association, Purdue University, Butler University, Indiana University Medical and Dental Schools and other sources.

It might prove beneficial if persons in the Madison County area would follow the pattern of the health happening and come up with such a program on the local level.—*Anderson Herald*, April 4, 1970.

Educating More Doctors

Governor Whitcomb's vague split-level plan to meet Indiana's need for more doctors soon will be unveiled for public examination.

The public, the legislators, and the medical profession will be given their first opportunity to judge whether the plan is workable, or only an impractical dream.

At best it is a makeshift solution to the state's need for a second medical school. So little has been disclosed concerning it that a judgment on its ability to function is impossible.

The proposal is for medical students to take their first year of study at one of seven regional centers in the state including the University of Notre Dame. They would take their second and third years at the present state medical school in Indianapolis. For their fourth year, they would return to their original regional cities for training in designated hospitals there.

So far the governor and his Commission on Medical Education have

failed to put a price tag on this project, a fundamental consideration.

Last fall Whitcomb spoke about getting the medical education program started next September and indicated that the state had money available for it.

This seemed unlikely when he said it, and has proven to be just that. Now he talks about starting the program in September 1971, if . . . .

That "if" is approval by the 1971 General Assembly. It must pass the necessary legislation and produce the money for the system.

A series of public meetings will be held in the designated regional centers, including South Bend, at which the governor's proposed legislation will be outlined. Citizens of this area will watch the proposals with special interest, since South Bend was an contender as the location for the full-scale second medical school whose prospects for existence were killed by the governor during the 1969 General Assembly.

Frankly, the broad concept of the governor's plan leaves us uneasy, because of our doubts that medical education of sufficient quality can be produced under such a scattergun approach. We still believe that the state should meet its need in a first-class manner, by establishing a second medical school.—*South Bend Tribune*, April 13, 1970.

The Drug Fantasy

There's nothing like the insight of teenagers to expose the hypocrisy of some members of their own generation.

Apologists often contend that youngsters who use drugs are more sensitive to life's problems— the war in Vietnam, racism, pollution, hunger—and can only endure the world that the adults made by escaping into a world of fantasy that is somehow supposed to make the individual a better person.

That excuse itself is a fantasy, according to a number of teenagers interviewed by *The News* at last week's Hoosier Teen Happening. The "happening" was a conference for Indiana high school students on drugs, alcohol and sex education.

"They're using the pressure bit as an excuse to get their kicks," said one student. Another commented that drug use is "the big thing to do now and the kids who are on drugs are the kind who will do anything for excitement."

Apologists also claim that drug users, particularly those who smoke marijuana, do not prosyletize. A sophomore girl said that she knows a boy in her school on marijuana who tries to pressure other students to smoke it.

The fact is, as the students noted, drugs are a way of not facing life's problems. Drugs usually become the user's major problem in life, something which few of them seem capable of recognizing.

Drugs don't make a person better. They might make him think they do but that's merely another illusion. An individual improves himself by coping with and solving problems, not by creating still another one for himself and his family.—*Indianapolis News*, April 28, 1970.

All Of White County Joins With Wolcott Community In Welcoming Dr. Charles E. Skidmore

Certainly we are all pleased and happy for the fine Wolcott community that Dr. Charles E. Skidmore has opened his office and is now a part of the community with a desire to do general practice.

But there is still the expansion program at the White County Memorial Hospital to be completed!

We do not think Wolcott would have ever gotten a new young doctor without a hospital in existence in White County, since every county in Indiana with any hospital potential at all, already has a county hospital.

In answer to the question, "Why had he decided to come to Wolcott," Dr. Skidmore said that a number of facts had been considered in their decision:—he had always wanted to do general practice; since both he and his wife had been brought up in this type of community, they had planned to bring up their own family that way — and — a residency doesn't pay very well and now seemed to be the time to make the change. He said they learned of the opportunity here by chance. While out driving with friends one day, they passed through Wolcott and noticed the banners suspended over the street.

When asked if he had an additional statement to make, Dr. Skidmore said, "Yes, there is. I would like to see the local people drop the idea of a clinic, at least at the present time, and get behind the White County Memorial Hospital in Monticello in their current expansion efforts." He asserts that "a good hospital with a good staff of doctors and nurses is right at our elbow, and local residents can derive much benefit from their proposed improvements."

Monon, Brookston and Monticello are all faced, in the not too far distant future, with the inevitable retirement of some of their present doctors. To obtain new young replacements it is going to be absolutely essential that our White County Memorial Hospital keep pace with the improvements in medical care and growth of the entire county.

Surrounding counties have all they can do to take care of their own people and cannot be expected to provide for the overflow from surrounding counties.—Condensed from the *Monticello Herald-Journal*, April 16, 1970. ◄

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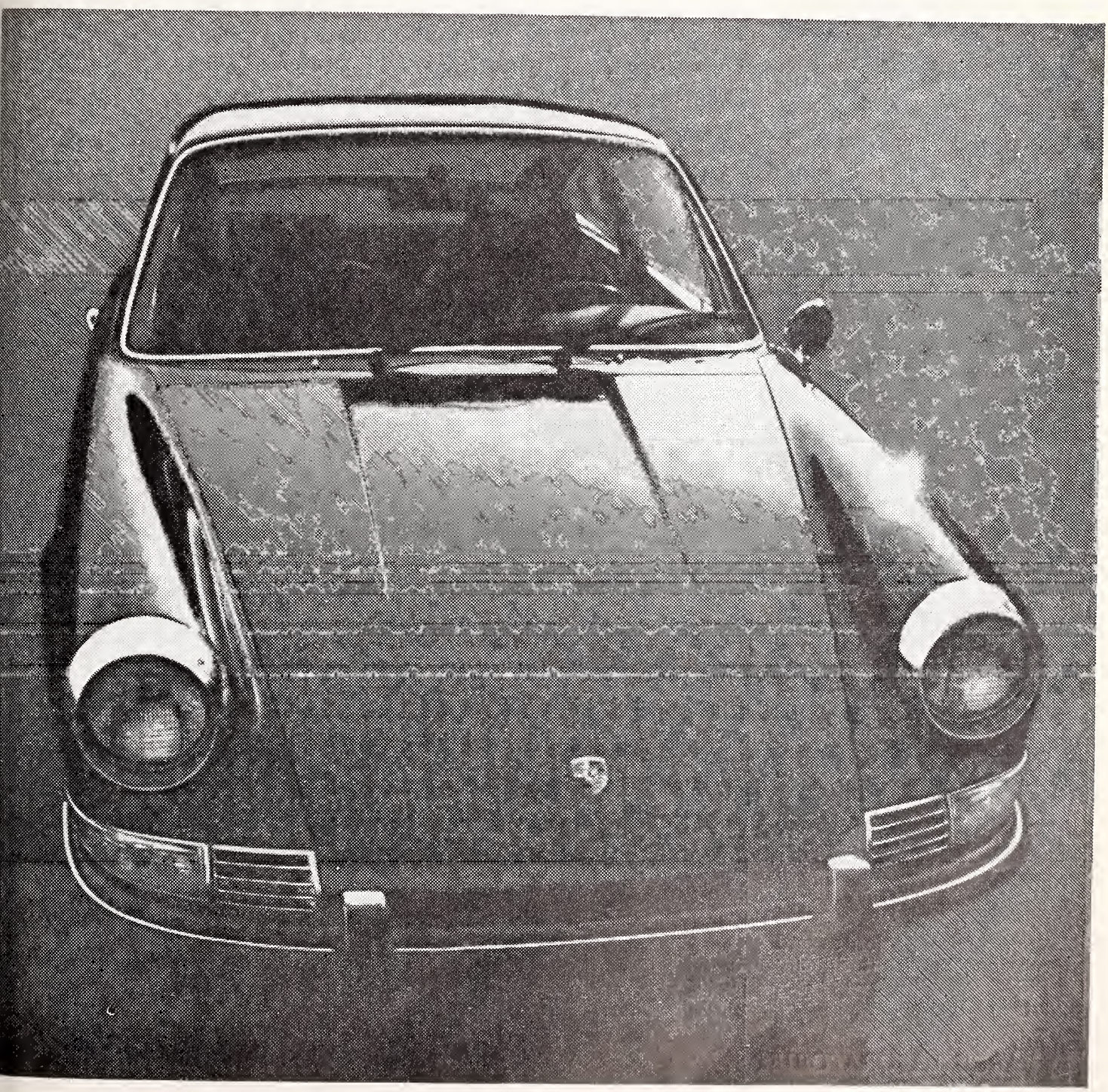

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Letters to the editor

To the Editor:

I am writing in response to your editorial regarding "Clinical Pharmacy", (March, 1970, issue) to hopefully correct some of *your* incorrect impression of the state of the "Clinical Pharmacy" art of today.

First, I would like to agree with you on two of your points. That the word, clinical pharmacist is a misnomer, as could be, clinical physician. The pharmacist of today and the future must be able to relate to the needs of his patients in terms of drug care, therefore, *all* pharmacists must be clinical in their orientation, not just a select few in hospitals. Secondly, that the economic feasibility of a pharmacist full-time on the floor of a non-teaching hospital is questionable, however, not because he would have little to contribute, but because his clinical orientation would be directed in other ways, such as in continuing education endeavors, in the area of contemporary drug therapy for health professionals in his hospital, Pharmacy and Therapeutics Committee activities, Drug Therapy communications, routine attending of clinical-pathological and infectious disease meetings, etc. To suggest that pharmacists across the country are *not* now doing this and contributing substantially to the level of health care across the country is to suggest a naivete on the part of your journal, I personally would not believe.

Your editorial suggesting that a pharmacist by the patient's bedside would be an interloper without portfolio suggests one of two things: 1) Either you refuse to believe or want to retreat from the patient care team concept promoted by both all of our respective national and state organizations or 2) You have not been keeping abreast of the changes in pharmaceutical education over the past few years.

Pharmacy students in most colleges of pharmacy are spending variable amounts of time on the floors of teaching hospitals attempting to gain the *beginnings* of this portfolio to which you referred. As with a physician, no health professional upon graduation, can be expected to be considered an expert in his field. This takes years of reading, attending meetings, and experience for a physician. So will be the case with a pharmacist interested in *applying* his academic knowledge to the patient care situation. One practical example might be "How could a pharmacist recommend a dose for a nephrotoxic antibiotic without knowing the kidney's status of the patient as reflected by history and blood creatinine (if it is available)?" Obviously he couldn't, thereby making it necessary for him to analyze the specific question as regards that one particular patient before giving an answer. As you know, overdosage is one of the clear responsibilities a pharmacist has as far as medico-legal implications are concerned and a normal dose of a drug excreted through the kidneys may well be an overdose in someone with significantly impaired renal function.

My experience (6 years in teaching hospitals) has demonstrated to me that the basic problem in waiting for a physician to direct a question to the pharmacist as you suggest is that, physicians don't know what they don't know, therefore, if they don't think they have a problem, won't ask a question and most of the times, don't. The next result of this lack of communications and failure to recognize problems is that the patient suffers. The fact that 70 percent of the chloramphenicol prescribed in this country is *still* used for conditions other than those recommended in the company brochure should point out to you that the present day level of drug therapy is something short of being perfect and we've got a long way to go before it will be.

I am not suggesting that pharmacists who care about patients and who, therefore, want to apply their knowledge for the betterment of patients will make it perfect. However, the establishment of such communications between two professionals, each with an expertise in overlapping, but different areas, cannot help but bring patients a little closer to that goal both we in pharmacy and you in medicine strive for. "The highest attainable level of patient care." After all, isn't that "what it's all about."

Sincerely,

ANDREW T. CANADA, Jr., Pharm. D.
Head, Clinical Services Division
Department of Pharmacy Services
Medical College of Virginia Hospital
Richmond, Va. 23219

To the Editor:

I'd like to know who wrote the item about " 'Dear Abby' Debunks

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View—etc.," on page 380 of *The Journal* for April, 1970.

I have not been afraid to sign this letter.

I'd just like to ask the anonymous writer three questions:

1. What's his glib reply to the fact that medical leaders in Sweden deplore the results there of compulsory education in sexual permissiveness?

2. Has the writer of the item referred to by me ever seriously studied the views of responsible, ethical physicians who belong to Sex Information and Education Council of Physicians (SIECOP)?

3. Will the writer of this unsigned statement about "Dear Abby" allow or subject to the publication of the address of SIECOP? It is: SIECOP, Lock Drawer No. 249, Melbourne, Florida, 32901. Phone 305-727-3464. SIECOP can answer Abby quite pointedly.

Finally I'd like to state my belief that many ethical physicians still believe in the Golden Rule, The Ten Commandments, Judeo-Christian ethical standards, and the Hippocratic Oath and can readily see the destructiveness of the old immorality being presently called the "New Morality."

Sincerely Yours,
HUGH S. RAMSEY, M.D.
Bloomington 47401

To the Editor:

I note the anonymous item on page 380 of your April issue claims that "Dear Abby" debunks view that sex education makes Sweden a sex swinger.

The writer says her column (of 1-12-70) is valuable to teachers, physicians and parents in order to refute charges of those seeking to sabotage family life education programs. (The last four words are merely a euphemism for sex education.)

Please advise this writer that "Dear Abby" has not debunked the claims of those who object to immoral sex education—she has merely omitted some truths.

The W.H.O. does not furnish information on the number of arrests for rapes and robberies in Sweden.

The W.H.O. also reported, as of 1-26-70, that the venereal disease rate for Sweden in 1949 was 150 per 100,000, and in 1969 it was 409 per 100,000. That was 20 years after they got debauched with sex promiscuity!

By omitting approximately a 175% increase in gonorrhea in Sweden from 1949 to 1969, "Dear Abby" misinformed her devoted readers, and the person who wrote the propaganda for kiddie sex.

Sincerely,
A. G. BLAZEY, M.D.
Washington, Ind.

Letter to the President

April 23, 1970

Dear Doctor Steen:

As a relative newcomer to the Indiana medical scene, I have been pleased with the forward-looking approaches of the Indiana State Medical Association reflected in the various business minutes of *The Journal.* The leadership of ISMA deserves considerable credit for this in these difficult times.

Your "Teen Health Happening" looks to be a vivid and imaginative event that should have impact on a good many undecided youth and make it easier for them to take firm stands against the more foolhardy risks.

I hope that ISMA will plan also to follow through after this "Teen Happening" program: by educational and other efforts to local societies and individual physicians with approaches proven effective with these young people.

Sincerely yours,
C. RAYMOND KIEFER, M.D.
Director of Child Mental Health
Department of Mental Health
1315 W. 10th St.
Indianapolis, Indiana 46202

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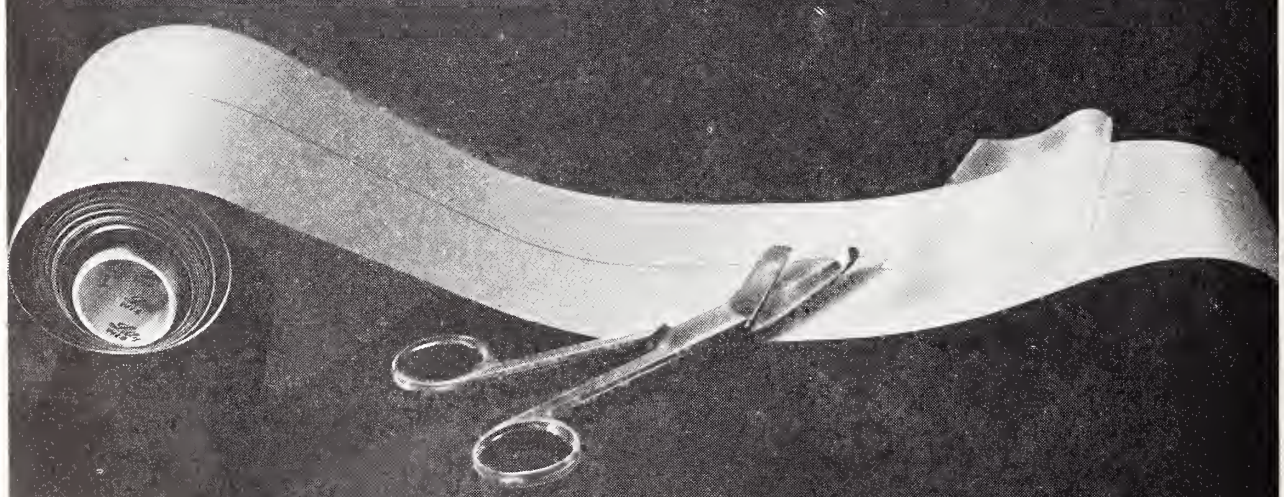

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Supervised by THE COUNCIL
Volume 63 — June 1970 — Number 6

Should We Try to Find More Diseases When We Can't Cure the Ones We've Got?

MICHAEL J. HALBERSTAM, M.D.**
Washington, D.C.

THE "field" of medicine is certainly elastic. Medicine as a profession grew out of the individual's concern about his physical health; then during the 18th and 19th centuries the direct relationship between certain environmental conditions and certain diseases was recognized, and the field of public health was added to medicine. In the 19th century mental aberrations began to be acknowledged as an illness rather than a visitation from God or the devil, and the specialty of psychiatry developed. By the middle of the 20th century we designated alcoholism as an illness, and tried to get the drunkard out of the police lock-up and into therapy. Now we appear about to add poverty, ignorance, war and civil unrest to the doctor's responsibilities. And we are concerned about a physician shortage!

No one with a feeling for medicine's past and an appreciation of its present can fail to be amazed about the enormous number of problems which our society would like to unload on the profession. As we in America become less accustomed to taking the word of our minister or our elders on what used to be moral questions, we have sought authority somewhere else — and have frequently settled on medicine.

In the last five years, therefore, medical schools have been urged to devote more time to the following areas: computers, anthropology, sociology, sexual behavior statistics, ecology, space medicine, learning techniques, and crowd psychology. Still, the deans are trying to knock a year or two off the whole curriculum.

My critics will argue that the profession's bailiwick is not laid out by divine law, but rather by usage and social pressure, and thus that areas now considered nonmedical should and will become medicine's. The province of any profession, however, is not arbitrary, but relates to a central core—in medicine, concern for the health of the individual. No other professional is granted access to our bodies and our thoughts as is the physician. The doctor is the only person who can put his finger in you and not get arrested.

Aspirants to the profession accept this central concern. A medical school dean, confronted by an applicant who says his goal in life is to end the misery of the slums, might well steer the applicant into law, city planning, politics, or a dozen other equally fine professions. Only the physician, doing his thing, has responsibility for the individual's health. I would guess and hope that my black patients care less about my social and political feelings than my ability to diagnose chest pain and my availability on a Sunday afternoon.

Medicine's concerns are not infinitely expandable nor is its body of knowledge infinitely dilutable. Each doctor testifying before Congress, writing articles, lobbying for gun control, marching for peace in Vietnam, or distributing petitions to abolish the Supreme Court is a doctor away from his patients or his research.

There are other pitfalls in urging greater social and political commitment on the part of physicians. The

* Part 2, continued from May. Originally published under the title of "The M. D. Should Not Try to Cure Society," the *New York Times Magazine*, Nov. 9, 1969.

** Michael Halberstam, M.D., spent a year or more in medical training or practice in Boston, the Bronx, Point Barrow (Alaska), Crownpoint (N. M.) and Burlington (Vt.). For the last five years he has been in the private practice of internal medicine in Washington.

urgers usually assume that the commitment will take the direction that they themselves would prefer, but given past evidence, this is hardly the case. How amused we in Boston in the nineteen-fifties used to be with the political activists in the profession, the small town docs who thought that an M.D. degree gave them an instant grasp of economics, political theory and sociology! Our scorn was unquestionably increased by the fact that the insight thus vouchsafed was always on what was then the conservative side, with strong emphasis on local control, welfare reform and participatory democracy. In those days Bostonians thought doctors should concentrate on what they knew best—medicine.

There is no doubt that activists of both left and right tend, if only unconsciously, to trade on the M.D. degree. Part of their effectiveness in political fights comes from the fact that physicians have traditionally been "above" partisan and nonmedical issues. The more they participate the more this special respect will fade. It will be damaged most, not by men like Benjamin Spock, who asks no special favors and whose activism is honestly stated, but by youthful believers who want to do something—anything—to demonstrate their sympathy with *La Causa*, any cause. The medical students who dressed up in white coats and red armbands and appointed themselves "physicians" to Columbia's striking students last spring were there primarily because they believed in the cause, secondarily they were healers. They had every right to believe in the cause and to work for it but playing doctor was hardly the best way to do so.

Youthful activism can be appropriate. Recently the house staff of D.C. General Hospital, led by a determined resident named Martin Shargel, protested against inadequate staff and equipment in what is the capital's municipal hospital. The protest was forceful and determined, but rhetoric was minimal. The house staff was not demonstrating against global injustice, but about conditions in an institution that they knew better than any group in the city. They were listened to because they were articulate, accurate, polite and yet passionate. They made change occur.

Of course, there will be occasions when physicians will confront social disease directly. The doctor who works in a mining town should concern himself with mine safety and lung disease, the chest surgeon with cigarette smoking, the suburban psychiatrist with drug abuse. Doctors like I. A. Buff, Alton Ochsner and Donald Louria have provided valuable leadership in these fields, and they have been supported by many of their colleagues. Even here, however, the physician's involvement is tempered by his own personality and the demands of his primary responsibility.

Believing all this, I feel American medical education has failed to give students and young doctors an adequate preparation for the society in which they will practice. Medical students, internes and residents must be taught enough social anthropology and must experience enough diversity in life so that they can relate to all people, not just those of their own background. Unlike Dr. Knowles, I want students to feel and identify the diversities of our society, not so they may change that society, but so they may better help their patients. Some doctors may move to a concern for social ills, but all physicians should neither be expected nor encouraged to do so. All over the country there is an appalling lockstep in which high-school kids who are good in science enroll in "Pre-Med" at college, spend three years wrapped up in lab courses with an occasional survey view of World History or Elementary Psychology, get into medical school, work hard, and graduate with a combined A.B.-M.D. These are nice young people, but they are less physicians than they are Doctors of Engineering (Human). They can hardly be expected to be interested in how others live, having barely lived themselves.

This pattern is, I think, changing for the better. It was at its worst in the fifties and early sixties, when the God of Research dominated medical schools, where every student with brains or ambition hung around during the summer to work in some professor's lab, and where the desire to take care of actual humans was regarded as a faint disgrace to the school. At good hospitals, all the residents were expected to have a research interest. When I was an interne, I would see my residents lurking along the corridors at night, on their way to draw blood for some pet project. Although medical schools talked of "the care of the whole patient," this ideal was not pursued in practice. It was apparent to all that insensitivity, rudeness, or outright callousness would never hinder a bright interne's progress up the residency ladder so long as he knew the patient's biochemical data.

The craze for research at any price led many decent academic physicians into experimentation that bordered on the unethical. In his book "Human Guinea Pigs," the English physician M. H. Pappworth cited dozens of examples of questionable research in this country. The experiments cited were often not very serious or dangerous, but they were conducted in an atmosphere which led our best young doctors to believe that the patient's interest was secondary to that of Knowledge. A few more days in the hospital for the patient, a couple of extra pokes with a needle, a few more tubes in new places, all these could be justified if a scientific paper resulted.

It is today's students who have been changing all this. Rather than working in labs in the summer, they more and more want to get into the community, to learn about people, to see delivery of care first hand. The change here cannot be separated

from the growing disillusion with science for science's sake that we see in other fields. What we can do is no longer so important as whether we should do it. The medical schools and training programs here must catch up with the needs of their own students. It is only the occasional school that offers a course or even a lecture in medical sociology, and often such material is optional or nongraded. In schools where everything from anatomy to ophthalmology is required and graded on the basis of cutthroat exams, giving students an optional course in sociology is the equivalent of telling them it's unimportant.

While waiting for these new students to graduate, what can the country do to increase its medical services? Reform (or revolution) has been suggested involving (1) the use of nonphysician aides, (2) the use of computers and technology, and (3) the way in which physicians are organized to practice.

The economist Victor Fuchs notes that in medicine there are many people with a high-school or technical education (lab workers, etc.) and many with years of graduate study (physicians) and comparatively few in between. He and others feel that some of the shortage of services can be relieved by training "paramedical personnel" or physician aides to fill gaps in the system. Dr. Victor Sidel (now of Einstein Medical School) has studied the "*feldsher*" system of non-physicians in Russia. Some critics see medicine and its allied professions as deliberately shutting out newcomers by a wall of diplomas.

There is no doubt that nonphysicians can render many of the services doctors traditionally perform in our culture. As Dr. James Feffer has noted, an ophthalmologist prescribing glasses is overtrained for this job—by about 12 years. Physicians know this, and have been using coworkers in offices and hospitals for years. I suspect, however, that as the use of physician assistants grows, the demand for physicians will continue unabated. How often, for example, has one heard a young mother complain, "I like our pediatrician, but he's got so many assistants running around weighing babies and giving shots and talking to mothers that you never have enough time to talk to *him*."

Many people coming to a doctor's office for treatment of a specific ailment have already consulted various paramedical people before deciding to see a physician. As the educational level of the country rises, and soon well over half of the adults will have attended college, one wonders how many people will be willing to accept the reassurances of a nonphysician with less, or little more, education than they have. Indeed, the trend of the country is to "trade up" in medical care—and we find people with headaches referring themselves to a neurologist and those with a rash consulting a dermatologist directly. How many pregnant American women will accept the care of a midwife rather than a doctor?

We may hope that we will be able to slow up this trend toward patient-directed oversophistication in care, but I doubt if we are going to reverse it — and the acceptance of nonphysicians for first-line care would be a reversal of great magnitude. Our nonwhite population, which is already suspicious about experimentation with its social needs, is not going to be much more receptive to the idea of nonphysician care. In fact, one might predict that Berkeley and Cambridge will welcome midwife delivery long before Watts and Roxbury.

Nonphysicians perhaps can be used more effectively in certain life-threatening situations than they can in routine or minor medical care. With the blessing of physicians, nurses and special technicians already provide most of the care in coronary units for acute heart-attack victims, and on the battlefield corpsmen provide life-saving measures for badly wounded men. There are few diagnostic possibilities or treatment alternatives in such crises, and therefore these workers do not need to know a great deal of medicine—they have to know one thing very well. On the other hand, such "trivial" complaints as headache or abdominal pain may signal any one of hundreds of conditions. Only someone with extensive theoretical knowledge and practical experience can sift through such patients and know whom to reassure, whom to prescribe for, and whom to admit instantly to the hospital. For most of us with a headache or belly pain, this someone is going to continue to be a physician. In many "minor" cases, a physician's reassurance is effective because he is a physician.

This country should, I think, establish five or ten more "hospital schools" of medicine. These schools would accept college graduates, give standard medical-school courses, and grant an M.D. degree, but neither their faculties nor students would be oriented toward research. Theory would not be ignored, but emphasis would be on the direct application of biochemistry and physiology to patient care. Students who show an interest in or talent for research could transfer to more theoretically oriented institutions after two years, but the bulk of graduates would go out to care for patients, as specialists or family physicians. There are difficulties with this plan—neither faculty nor students are in overabundance—but I suspect it will be more pertinent to the needs of the eighties than an attempt to train sub-physicians. But both should be tried.

Technology will aid both patient and doctor in the future, as it already is doing, but it is unlikely that there will be any quantum jumps in the quality of patient care. While computers have been programed to read electrocardiograms and perform other esoteric tasks, some of the simplest and most time-consuming procedures in medicine seem to have

been untouched by technology. A physician wanting to review his patient's x-rays must sort through a bulky folder containing dozens of slippery transparencies whose true nature is never known until they are held awkwardly up against a viewing box.

Hospital charts remain clumsy and unstandardized, never available when one needs them, and with a distressing tendency to fall apart. Finding a hospital bed or a consultant for an emergency patient still often involves a frustrating round of phone calls and delays, which a central registry would help eliminate.

Most academic critics of American medicine see as its main hope a rationalization of its organization. Dr. Baumgartner notes that medicine could learn much from big business. The inefficiency of practice, with thousands of doctors working away in their own little offices, is a constant affront to Ph.D.'s trained to think in economies of scale. Most medical planners see great hope in group practice, as a way of increasing the efficiency of practicing doctors. In such group settings, they feel, doctors can gather the equipment and personnel necessary to work more effectively.

They particularly favor prepaid group practice. They cite studies which show that Americans who get their medical care through traditional fee-for-service undergo more surgery and more hospitalization than those in prepaid groups. Dr. Caldwell Esselstyn, formerly of the Half Moon Clinic and now with the New York State Health Department, has said, "fee-for-service was invented as an incentive to encourage the production of more services." Walter Reuther has suggested that physicians work on a piecework basis like garment workers, and Dr. Martin Cherkasky feels that private practice should be scrapped in favor of a salaried service at $80,000 per year.

Meantime, I continue to practice by myself, tucked away in a cozy office, and turning out patients like the Aran Islanders turn out sweaters—one by one. Since I am neither more callous nor more stupid than most, and since I wouldn't at all mind earning $80,000 a year, why do I (and many of the physicians I respect the most) persist in such an archaic method?

The reason is that medicine still often amounts to one man asking another for help. In many (but not all) fields of medicine, effectiveness depends on a deep and continuing personal relationship between healer and patient. By introducing additional physicians and personnel, "efficiency" may actually be counterproductive, just as mass-scale education and housing projects have been. Some of today's most perceptive social critics, such as Paul Goodman, see virtue in smaller, not larger, units of service.

Dr. Gilbert Farfel, a physician on the staff of the highly praised Permanente prepaid clinics in California, wrote in the January issue of *Medical Economics* that he was on "first call" for his group of 30 internists "once or twice a month." At Permanente, as in other good prepaid groups, a patient has his "own" physician for regular visits, but if the patient gets sick at night the odds are high against his speaking to his own doctor on the phone, much less being examined by him. Even during the day, emergency cases are often not seen by their own doctors in this group.

In smaller prepaid groups the odds in favor of seeing your own doctor when you are really sick are somewhat better, but even in these the physicians are rarely "on" much more than every fourth night and weekend. These groups advertise for doctors on the basis of how much they pay and how liberal they are with nights off call.—**(To be concluded in the August issue of** *The Journal*).

About Our Cover

Clifty Falls—one of Indiana's most often-visited landmarks—provides the subject of this month's cover. Our thanks to Henry S. Wood for the photograph and to Fred Kinghorn for the inspirational cover design.

Schering

After only one year:

Administered to more people than live in Hammond, Elkhart, and Lafayette.*

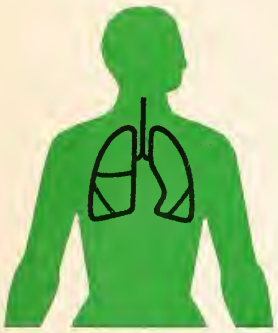
Injectable Garamycin®
brand of
gentamicin sulfate injection

An estimated 208,000 patients have received GARAMYCIN Injectable to date. The combined population of Hammond, Elkhart, and Lafayette is 198,000. (Estimated 1969 figures from The New York Times Encyclopedic Almanac 1970.)

See Clinical Considerations section on last page...

Mounting acceptance in the hospital...

Proven clinical effectiveness



Respiratory Infections

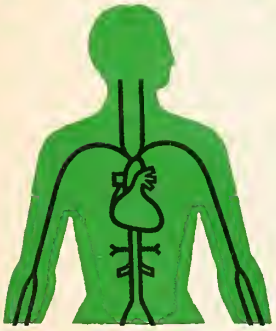
Outstanding results in serious gram-negative respiratory infections[1,2]

GARAMYCIN Injectable may prove successful where other antibiotics have failed.

Urinary Tract Infections

Strikingly effective in selected urinary tract infections[3]

With relatively low intramuscular doses, the promptly attained levels of GARAMYCIN achieved in the urine are considerably higher than the concentrations required for effectiveness against virtually all susceptible gram-negative pathogens. (Appropriate precautions are indicated in patients with impaired renal function; consult Package Insert for full details.)



Septicemia

May be lifesaving[4-6]

Numerous investigators have drawn attention to the value of GARAMYCIN Injectable in the treatment of gram-negative septicemias, often complicated by shock. Many hospital strains of *Serratia* are susceptible.[6]

Wounds and Burns

Response may be dramatic in wounds and burns complicated by sepsis[7]

The established efficacy of GARAMYCIN Injectable against *Pseudomonas*—as well as most other gram-negative pathogens—makes it an especially useful agent in the treatment of infected wounds and burns.

Important Precautionary Note Patients receiving treatment with GARAMYCIN Injectable (gentamicin sulfate injection) should be under close clinical observation because of the toxicity associated with the use of the drug. Ototoxicity, vestibular and auditory, can occur in patients, primarily those with preexisting renal damage, treated with GARAMYCIN Injectable for longer periods or with higher doses than recommended.

GARAMYCIN Injectable is potentially nephrotoxic, and this should be kept in mind when it is used in patients with preexisting renal damage.

This drug should be limited to the treatment of serious infections caused by susceptible gram-negative bacteria, with due regard for relative antibiotic toxicity. (See Clinical Considerations section.)

Mounting evidence in the laboratory...

Schering

Over 95% gram-negative pathogens sensitive.*

No other antibiotic performed comparably *in vitro* against gram-negative pathogens.
In a nationwide culture audit of antibiotic sensitivity patterns, sensitivity reports from 106 hospitals, geographically representative by census tract and of varying sizes, were analyzed. During the three-month period, ***every*** gram-negative culture slip from ***every*** hospital was surveyed. The total number of cultures involved in the audit was 97,091. The total number of sensitivity determinations was 643,503.

Pathogens	Percentage of sensitive strains Number of strains tested			Antibiotics*				
	Garamycin	Kanamycin	Cephalothin	Cephaloridine	Ampicillin	Colistimethate	Chloramphenicol	Tetracycline
Klebsiella pneumoniae	99.5% 962	84.7% 992	86.2% 995	76.1% 67	32.7% 1,020	96.3% 640	82.9% 1,028	77.1% 1,026
Aerobacter aerogenes	95.9% 2,739	86.1% 2,818	53.5% 2,985	58.8% 1,514	22.7% 3,066	88.6% 2,603	85.8% 3,071	67.8% 2,981
Klebsiella aerobacter group	98.8% 566	83.9% 547	66.1% 522	60.5% 276	28.0% 553	89.5% 560	86.2% 587	62.8% 433
Klebsiella, all others	92.7% 2,944	83.3% 3,186	77.4% 2,976	67.5% 627	13.5% 2,883	95.0% 2,105	81.6% 3,212	70.6% 3,063
Pseudomonas aeruginosa	91.6% 4,528	29.8% 4,460	6.6% 4,418	6.6% 1,279	6.0% 4,360	91.3% 3,852	26.9% 4,608	26.4% 4,404
Proteus, indole-positive	91.8% 1,031	85.8% 1,062	39.9% 981	54.1% 364	40.2% 1,042	10.3% 758	76.1% 1,096	42.1% 1,051
Proteus mirabilis, indole-negative	94.9% 3,272	90.1% 3,378	83.1% 3,290	77.5% 975	78.0% 3,274	8.8% 2,634	85.9% 3,469	26.8% 3,278
Proteus, unspecified	96.2% 1,335	85.8% 1,371	71.7% 1,434	70.0% 647	64.7% 1,435	11.2% 1,233	76.0% 1,421	22.4% 1,298
Escherichia coli and all other *Escherichias*	96.4% 12,557	91.4% 12,818	87.8% 12,686	88.8% 4,251	74.6% 12,899	95.4% 10,623	94.1% 13,086	70.0% 12,559
Paracolobactrum, all	93.4% 303	88.9% 325	62.0% 305	74.2% 62	43.8% 340	80.9% 215	87.1% 350	72.6% 340
Coliform bacteria	99.0% 593	91.2% 649	81.5% 637	66.7% 21	52.7% 624	95.6% 607	91.6% 678	76.1% 637
Totals	95.1% 30,830	80.5% 31,606	65.3% 31,229	68.1% 10,083	50.3% 31,496	75.8% 25,829	79.7% 32,606	56.5% 31,070
Gram-positive (included for consistency with Package Insert, not an approved indication)								
Staph—*S. aureus*, coagulase-positive	97.4% 1,548	88.8% 1,458	97.7% 2,050	98.7% 636	61.1% 1,559	20.4% 628	94.4% 2,123	83.7% 1,966
Staph—*S. aureus*, unspecified	99.3% 993	92.8% 902	98.1% 1,289	95.3% 213	45.8% 1,153	29.3% 116	96.4% 1,427	82.3% 1,360

*Adapted from a three-month, nationwide hospital audit by R. A. Gosselin and Co., Inc., Dedham, Massachusetts (mid-May to mid-August, 1969).[8]
Antibiotics with significant gram-negative spectra are included. Organisms are listed as reported by laboratory.
Sensitivity testing was done by the disc method, a generally reliable test in the hospital setting. It should be noted, however, that the results with GARAMYCIN were somewhat higher than the results reported where the tube dilution technique was used. (See Clinical Considerations section which follows.) The concentration of the GARAMYCIN disc was 10 mcg.
Whereas standard testing methods were used by all hospitals, it is acknowledged that in a survey of this kind considerations such as differences in methodology are possible sources of error. The comparative percentage-sensitivity results derived from a survey of this kind are, therefore, not absolute. One should keep in mind also that the proper selection of an antibiotic is based not only on susceptibility testing but on relative toxicity and other clinical considerations as well.
It is felt, nonetheless, that the broad scope of the survey and the extreme care in data collection and tabulation permit a conclusion that the results are *generally* representative of current nationwide antibiotic sensitivity patterns.

Injectable Garamycin®
brand of **gentamicin sulfate injection**

See Clinical Considerations section on last page...

Injectable Garamycin®

brand of gentamicin sulfate injection

Schering

ADULT DOSAGE GUIDELINES

See definitive prescribing information in Package Insert.

Patients with Normal Renal Function

Total Daily Dose (administered in two, three, or four divided doses)			
	Less Severe	Resistant/ Moderately Severe	Serious/Life-Threatening
Urinary Tract Infections (due to susceptible strains of gram-negative bacteria)†	0.8-1.2 mg./kg. for 7-10 days	Larger doses or additional antibacterial therapy should be considered in severe urinary tract infections or in resistant cases involving the renal parenchyma or anatomic anomaly.	up to 5 mg./kg.
Other Infections including bacteremia, infected surgical wounds, severe soft tissue infections, and respiratory tract infections (due to susceptible strains of gram-negative bacteria)	3 mg./kg. for 7-10 days		

†Alkalinization of the urine may be a useful therapeutic adjunct.

Patients with Impaired Renal Function

To minimize the risk of ototoxicity in patients with impaired kidney function, only the first dose should be that normally recommended. Each subsequent dose should be half or less of that recommended for patients with normal renal function, depending upon the degree of renal impairment.

In patients with renal failure who are undergoing 14-hour hemodialysis twice weekly, administration of 1 mg./kg. GARAMYCIN Injectable at the end of each dialysis period has been suggested.

Clinical Considerations

Indications: GARAMYCIN Injectable is clinically effective in infections due to susceptible strains of gram-negative bacteria, including *Pseudomonas aeruginosa,* and species of indole-positive and indole-negative *Proteus, Escherichia coli,* and *Klebsiella-Aerobacter.* Bacteriologic studies should be conducted to identify the causative organism and to determine its sensitivity to gentamicin sulfate. Sensitivity discs of the drug are available for this purpose. If the susceptibility tests indicate that the causative organism is resistant to gentamicin sulfate, other appropriate antibiotic therapy should be instituted.

IN VITRO INHIBITION OF CLINICALLY IMPORTANT BACTERIA BY GENTAMICIN SULFATE (TUBE DILUTION STUDIES)

BACTERIA	No. of Strains Tested	No. of Strains (%) Inhibited by: 4 mcg./cc. or less		8 mcg./cc. or less*		No. of *In Vitro* Studies
Staphylococcus aureus	1,210	1,200	(99%)	1,206	(99%)	11
Pseudomonas aeruginosa	885	771	(87%)	828	(93%)	16
Escherichia coli	836	736	(88%)	779	(93%)	11
Indole-positive and indole-negative *Proteus* species	477	210	(44%)	358	(75%)	12
Klebsiella-Aerobacter species	292	205	(70%)	231	(79%)	10

*Number of strains (%) of gram-negative bacteria inhibited by 10 mcg./cc. or less are as follows: *Pseudomonas aeruginosa,* 828 (93%); *Escherichia coli,* 792 (95%); *Proteus* species, 393 (82%); *Klebsiella-Aerobacter* species, 284 (97%). From same studies as above.
Source: Package Insert

This drug should be limited to the treatment of serious infections caused by gram-negative bacteria, particularly *Pseudomonas aeruginosa, Proteus* and other susceptible organisms, with due regard for relative antibiotic toxicity. Therefore, the drug should be considered for use against gram-negative: 1. Bacteremia; 2. Infected surgical wounds; 3. Severe soft tissue infections, including burns complicated by sepsis; 4. Respiratory tract infections; and 5. Selected cases of urinary tract infection.

Contraindications: GARAMYCIN Injectable is contraindicated in individuals with a history of hypersensitivity or toxic reactions to gentamicin.

Warnings: Patients receiving treatment with GARAMYCIN should be under close clinical observation because of the toxicity associated with the use of this drug. Ototoxicity, vestibular and auditory, can occur in patients, primarily those wit pre-existing renal damage, treated with GARAMYCIN Injectabl usually for longer periods or with higher doses than recommende

GARAMYCIN Injectable is potentially nephrotoxic, and thi should be kept in mind when it is used in patients with pre-existin renal impairment. Kidney function diminished by infection of th upper urinary tract may, however, improve during effective treat ment with GARAMYCIN Injectable.

Concurrent administration of potentially ototoxic drugs such a streptomycin and kanamycin or of potentially nephrotoxic drug such as polymyxin, colistin, and kanamycin with gentamicin sulfat has not been shown to afford any clinical advantages and, moreove may result in additive toxicity. Monitoring of vestibular, cochlea and renal function will provide guidance for therapy in such case

Precautions: In patients with impaired renal function in whor serious infection develops, serum concentrations of the drug ma rise, with consequently increased risk of ototoxicity. In these pa tients or in those in whom recommended dosage or duration c therapy must be exceeded as a life-saving measure, routine studie of kidney function should be performed when possible. These ma be supplemented by evaluation of the vestibular and auditory fun tion and measurement of serum concentration of the drug whe feasible. Serum concentrations of gentamicin should be maintaine below the range of 10-12 mcg./ml. to reduce risk of ototoxicity.

Ordinarily, treatment should not be given for more than 7 to 1 days or be repeated unless required for serious infection not r sponsive to other agents.

As with other antibiotics, treatment with GARAMYCIN Injectab may occasionally result in overgrowth of nonsensitive organisms. superinfection occurs, appropriate therapy is indicated.

Safety for use in pregnancy or the potential for fetal ototoxicity nephrotoxicity have not been established. Studies in pregnant an mals have not revealed teratogenic or ototoxic effects in the fetu GARAMYCIN Injectable should not be used in pregnant patients in women of childbearing age unless its use is deemed advisab by the physician.

Adverse Reactions: The overall incidence of ototoxicity considere related to treatment with GARAMYCIN Injectable was 2.8 per ce (16 of 565 patients). Contributory factors (two or more factors we relevant to most patients) were as follows: 10 had azotemia, 1 received a total of 1 gram or more of the drug, 7 had recently r ceived other potentially ototoxic antibiotics (streptomycin or kan mycin), and 5 were over 60 years of age. Six also had decrease high-tone hearing acuity, which returned to or toward normal the 4 patients retested.

Analysis of BUN data indicated that 4 (2%) of 172 patients show increases in BUN that were probably related to treatment wi GARAMYCIN Injectable. Of 20 increases probably or possibly relat to treatment, 7 were reversible, 9 occurred in terminal patients, a 4 had no follow-up.

Other adverse reactions associated with treatment were one instan each of urticaria, decreased hematocrit, and reversible depressi of granulocytes with normal bone marrow. Other rarely report and possibly treatment-related adverse reactions were anemia, i creased reticulocyte count, rash, purpura, drug fever, hypotensi convulsions, twitching, salivation, nausea, vomiting, increased tra aminase activity (SGOT or SGPT), increased serum bilirubin, d creased serum calcium, and joint pain.

Packaging: GARAMYCIN Injectable, 40 mg./cc., 2-cc. multiple-d vials, for intramuscular administration.

References: (1) Brayton, R. G., and Louria, D. B.: Gentamicin gram-negative urinary and pulmonary infections, Arch. Int. Me *114*:205, 1964.* (2) Louria, D. B.; Young, L.; Armstrong, D., a Smith, J. K.: Gentamicin in the treatment of pulmonary infectio J. Infect. Dis. *119*:483, 1969. (3) Cox, C. E.: Gentamicin, a n aminoglycoside antibiotic: Clinical and laboratory studies in urina tract infections, J. Infect. Dis. *119*:486, 1969. (4) Groll, E.: Clini experience with gentamicin, data from 12 German clinics, in G tamicin: First International Symposium, Paris, January 19 Lucerne, Essex Chemie AG, pp. 121-128.* (5) Jackson, G. G.: Labo tory and clinical investigation of gentamicin, *ibid.*, pp. 62-74. Medeiros, A. E.: Discussion, J. Infect. Dis. *119*:533, 1969. (7) Polk, Discussion, J. Infect. Dis. *119*:529, 1969. (8) Three-month, nationwi hospital audit by R. A. Gosselin and Co., Inc., Dedham, Massachuse (mid-May to mid-August, 1969).

*Dosage in this investigational study was less than now recommen in Package Insert.

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The Medical Computer Merry-Go-Round---- When Do We Get On?

ROBERT M. REID, M.D.
Columbus

*So on our Heads a fresh Perfection treads * * * * * * Born of us And fated to excel us.*
OCEANUS

THESE words, recalled from the distant haze of Greek mythology, would seem to reflect the concern of many modern physicians as they consider the implications of computers in medicine.

Change in our traditional patterns is in the air. Computers and other technologic innovations symbolize new approaches. Medicine has a reputation—deserved or not—for resisting change. My purpose now is to urge the profession to take a *very careful look* — a look at what is offered by the computer in medicine, its potential in the delivery of health care, and some of the problems.

It is trite even now to point out that either more physicians must be provided or great improvements must be accomplished in the utilization of the physician's time. Little significant progress will be made toward improving the physician-to-patient ratio in the near future. What has been accomplished in the better use of the physician's time? The answer to this has occupied a great deal of my time during the past two and one-half years.

Automated History Taking

Our initial efforts in computer application were confined to those uses which promise to be most helpful in the traditional methods of health care delivery. A large portion of a physician's time is spent in history taking and record keeping. Much may be done to assist the doctor in this respect.

The work of Warner Slack, M.D., of the University of Wisconsin and G. Octo Barnett, M.D., of the Massachusetts General Hospital has developed very promising automated history technics. Their efforts—along with others — have produced a reasonably reliable automated patient history in the nature of a systems review. The resulting information is capable of being presented in the form of a narrative summary. Patient acceptance seems to be very good.

The above investigations led to other computer applications in medicine. Someone or other has already looked into nearly every conceivable aspect. In many cases development is sufficiently advanced to consider clinical implementation. With the exception of the clinical laboratory, and a very few other highly technical efforts, however, remarkably little progress has been made toward such implementation.

For understandable reasons the research efforts are being carried out in large hospitals which in most cases have university affiliations. There is a natural tendency to use the computer equipment which is at hand; usually this is relatively sophisticated and expensive. Since such procedures must be programmed for specific pieces of equipment, the results of the studies are not suitable for application on less elaborate machinery. Further, there has been considerable dependence on research grants. Accordingly, it seems to me, there has been too much emphasis on the spectacular studies.

A general medical history would hardly be formulated before effort to develop histories in specialties—and then super-specialties—would be undertaken. Little serious attempt was made to adapt programs to computer "hardware" which might be feasible for the thinly-endowed hospital or clinic facility. There is too little sense of urgency in the university for the problems faced by the clinician.

Another source of research effort is the large corporation which may see a market opportunity. Here again, however, there is almost always ultimate dependence on the large, urban hospital facility for development and refinement of the research effort. Thus, the limitations described above frequently apply. Also, because it fits corporate opportunities and experience, the target area is almost universally the high density population area. This approach, though understandable, pushes even further away the time when technologic implementation can be considered at the level where the need is perhaps the greatest; that is, the average to small community.

The Computerized ECG

Fortunately there are exceptions —there are certain programs which have been developed sufficiently to consider immediate clinical implementation. The computerized ECG is an excellent example. Its fundamental nature makes it particularly suitable for interpretation by a computer. A variety of programs have been worked out—several of these to a point where reliability and cost projections would suggest that they are ready for widespread clinical ap-

plication. Very little progress has been made. Why?

Again, there are a variety of reasons. First, the market is difficult to approach. Outside the relatively few large corporate structures in medicine today, doctors are not readily accessible for indoctrination in this type of program. The so-called "cottage industry" of American medicine with its highly individual service components is not easily reached. The physician in the smaller community does not automatically assume the promise for him of a new and complex system that is reported to work well for Massachusetts General Hospital. Even when he is impressed with the merits he usually does not control the volume necessary to make utilization practical, and he hasn't the organization necessary to provide broader market application.

In the large metropolitan areas, where the above problems might be more readily resolved, the provider of the services encounters effective competition. In the case of the ECG, cardiologists, internists and others have established programs, and in many cases have become in some degree financially dependent on these services. ECG's are being interpreted adequately, at present, and these physicians do not jump at the opportunity to embrace a new and somewhat untested competitor. This is particularly true when that competition is being provided by a large corporate structure whose goals are not necessarily those of the physician.

Still an additional problem is the lack of readily available and reliable information regarding these new programs. Let us suppose that the physician has had an opportunity to learn of the promise and availability of such computer programs. He is ultimately faced with the problem of making a selection. What are his sources of information today? For the most part they are limited to the facilities which developed the programs—understandably prejudiced toward their own offerings—or to manufacturer's representatives who hardly make a claim to impartial judgment. Until recently no agency for effective, objective study and comparison of these electronic wonders had been established.

An article such as this obviously cannot hope to cover the great variety of programs now developed or being developed. No attempt is made to do so. These comments are presented to offer one physician's view of the so-called "State of the Art" today.

What is Medi-Tech?

Some preliminary steps have been taken in Indiana to direct attention to the problem. Early in 1968 an Ad Hoc Committee of the Board of Trustees of the ISMA was established. The writer served as chairman of that committee. In mid 1969, as a direct outgrowth of the efforts of the latter group, a corporation, Medi-Tech, Inc., was established.

This corporation, *initiated* and *managed* by physicians, is dedicated to the many problems presented and anticipated in these new procedures. Medi-Tech intends to expedite and assist in research efforts to bring to clinical implementation many of the programs now under development. It will provide for physicians source material and evaluation studies which endeavor to offer an informed and objective picture of the programs becoming available. It will explore and develop marketing opportunities in those instances where the programs are found to be potentially valuable. In this latter effort there will be particular emphasis on the low density areas.

Progress has been made. An independent evaluation study presently is being carried out under the direction of Charles Fisch, M.D., of the Indiana University Medical School. Computer interpretation data of two of the more promising ECG programs is provided by Medi-Tech. A portion of the direct costs resulting from the duplication required for such a study will be reimbursed from a grant from the Indiana State Medical Association. The study will include comparison of findings with traditional methods of ECG interpretation as well. Hopefully in this manner the medical profession will have in the near future a realistic picture of the promise—or lack of promise—of the new technology in this field.

Presently detailed plans for similar studies in the area of automated patient history are being formulated. It is hoped that pilot comparisons can be undertaken this year. A review of actual "hardware" application and other computer-related problems is underway. Considerable assistance in this area is being provided by Dr. Saul Rosen, Director of the Purdue Computing Center.

Medi-Tech has enjoyed the assistance and cooperation of a great variety of individuals of unique competence in the related fields. I believe that this is a result of their appreciation of the appropriateness of physicians dedicating themselves to this kind of activity.

Computer science has brought a tremendous new opportunity and obligation to the physician in meeting his responsibility for the delivery of health care. The prospect that it holds for the future is almost inconceivable. Many computer applications are so fundamentally related to the "practice of medicine" that physicians must be involved in *all* levels of development. New disciplines of logic and recording will be required. These efforts, in themselves, offer exciting potential for medicine.

Collectively, physicians in past years have been placed in a defensive posture in matters of social welfare. I believe the public properly expects us to be innovative and imaginative in our approach to the increasingly serious problems of health care today. I submit that never have we been offered a greater opportunity to develop initiatives which promise to bring us together most effectively in providing the finest possible health care for our patients. ◄

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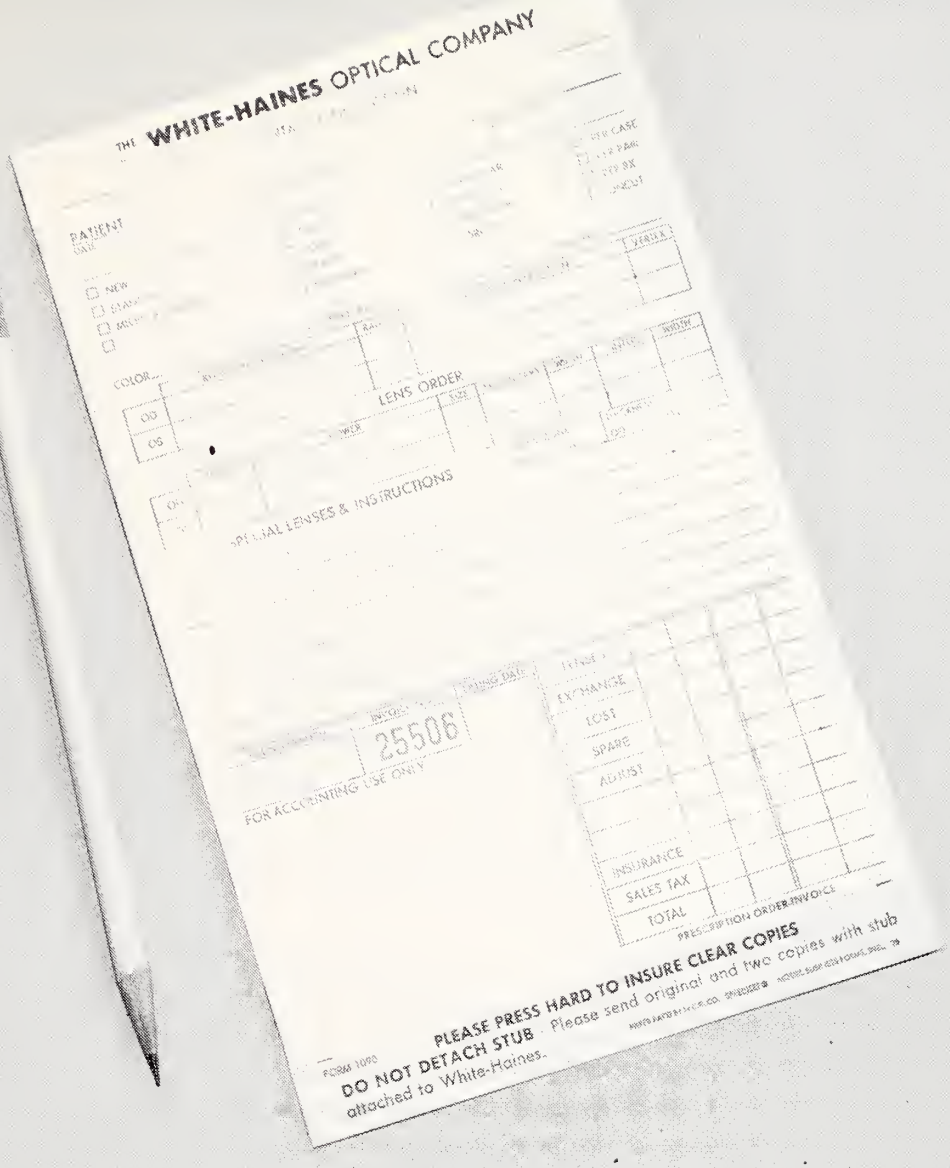

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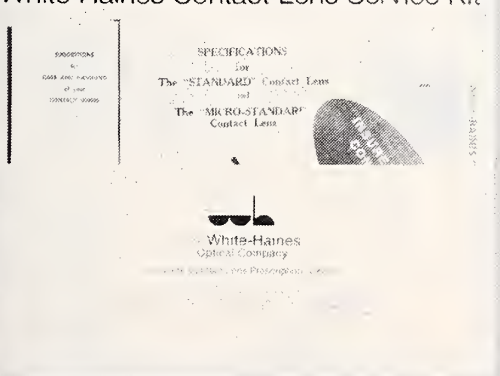

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Easy Ways to Acquire Malpractice Suits

FIFTEEN easy ways to acquire suits for malpractice were outlined at the Annual Scientific Assembly of the American Academy of General Practice recently by Attorney Michael Gallagher of Cleveland.

As reported in the *Newsletter of The Rhode Island Medical Society*, Mr. Gallagher mentioned that the easiest and most direct method to get sued "is to commit a flagrant act of malpractice. Misdiagnose a simple malady; prescribe a wrong drug." The other 14 ways are as follows:

- **Set current medical literature and drug inserts aside without reading them. Let "keeping abreast" wait.**
- **Communicate to others, both inside and outside the profession, your colleagues failings. This encourages them to point out yours.**
- **Neglect your record keeping. Medicine is an art as well as a science. Whoever heard of an artist keeping good records?**
- **Be brutally honest. If a patient is a malingerer, tell her so. Tact is for salesmen.**
- **Raise your patient's hopes with optimistic prognoses . . . an unduly optimistic prognosis . . . is a spark easily fanned into a flaming lawsuit.**
- **Do not advise your patients of your intended absences from practice.**
- **Do not recommend or make available a qualified substitute.**
- **Do not explain the risks and hazards associated with surgery, a course of therapy or the use of a toxic drug.**
- **Do not carefully select, train and supervise your assistants and employees.**
- **Occasionally, extend your practice to handle matters beyond or at the very limits of your qualifications. This will give your practice more variety — largely because you will be spending most of your time in court.**
- **Do not check the condition of your office equipment or, when repairs are required, skimp by use of unqualified persons.**
- **Prescribe over the telephone. Diagnose over the telephone.**
- **Announce a big fee to a patient or his family after the treatment is completed . . . most effective to invite a lawsuit when the treatment has been least effective.**
- **Other things being equal, avoid conservative methods of diagnosis and treatment in favor of radical surgical procedures and new drugs.**
- **Finally, do not be impressed with the admonishments of your lawyer and malpractice insurance carrier.**

Gallagher characterized his approach as "preventive law," and added that the rules offered by inversion would, if followed, afford considerable protection against malpractice suits.

"Overdose of Idealism"

COUNTLESS young people have experienced during their lives "an absolute minimum of suffering and an absolute maximum of security." So quotes Daniel P. Moynihan, President Nixon's social scientist advisor. Mr. Moynihan further states that some people of this type, when confronted with suffering and insecurity, develop a guilt complex, and react violently to purge themselves of the guilt.

Dr. Mal Rumph, of Fort Worth, writes in *The Pharos of Alpha Omega Alpha*, to give his conservative reaction to medical student activism and gives the above quotation as his view of the psychological factor in-

volved. Dr. Rumph is a past-president of the Association of American Physicians and Surgeons and has devoted his services for years to the cause of undergraduate and gradute education of medical students, doctors and nurses. He is well qualified as a non-academic educator to discuss student attitudes.

His analysis of medical student activism is built on a basis of understanding and tolerance. Activism today should be judged against a background of generations of physicians many of whom have been activists and some of whom have been active non-conformists. There never was a medical student who didn't disagree with the curriculum, at least, and grumbling is considered as typical of medical students as it is for the army.

From this base, Dr. Rumph opines that the reason activism, though less evident and much less violent in medical schools than elsewhere, is as noticeable as it is in medicine, is that young people today have an overdose of glorious idealism, which combined with the confidence of youth, lack of maturity, lack of contact with the practicing physicians, and with unwillingness to heed the lessons of history, has produced a highly-charged emotional atmosphere.

This understandable process has, in Dr. Rumph's opinion, produced a fertile medium for Marxist doctrines and the Student Health Organization (SHO). SHO, in turn, has produced the ultimate in irrationalities and absurdities. Its speeches and writings are couched in vulgarity. It preaches avoidance of military duty. It is against capitalism and American institutions. It favors compulsory admission quotas to medical schools with guaranteed graduation to all students regardless of academic success. It sends students to Cuba to work for the Cuban "ideals."

This is activism gone wrong. It is non-productive and destructive. It has no place in medicine or any place else. It is so senseless that, as Dr. Rumph mentions, *The New York Times* has come out definitely against compulsory admission quotas and automatic M.D. degrees.

Dr. Rumph is in favor of constructive activism and thinks all students should be activists of the proper type. Tempered and well-meaning criticisms of the curricula have produced changes for the better. Proper concern for medical care of the disadvantaged is proper and is channeled to improvements.

"Nor should the activist feel that consumer-controlled group practice is the one answer for the distribution of care. While it may suit him, it will not suit all his colleagues—nor will it suit all patients," says Dr. Rumph is his closing. And—"If all these things are borne in mind, medical student activism has a great future for those who do not think that America stinks and that the stench arises in our profession."

Guest Editorials

The Hoosier Day

By FRANK A. WHITE
And DONALD D. WHITE

"WOULD YOU in dying be willing to help another to live?"

Since Jan. 1 last, two thousand Hoosiers and others have pledged to give any organ of their body needed after death for a transplant.

Mrs. Louis B. Russell, of Indianapolis, wife of the longest living heart transplant patient, asked for transplant volunteer cards for herself and friends.

Russell, the only Negro heart transplant, has lived two years to continue his teaching career.

The Associated Press carried an item on trunk wires about this first statewide organized transplant effort. Kokomo parents read of the appeal in a newspaper and called.

They volunteered any needed organs from their two sons who were dying from brain damage in an auto wreck. The Indianapolis Veterans Administration Hospital and I.U. Medical Center complex accepted quickly the volunteer.

As a result, a kidney transplant was afforded to four veterans who had been kept alive with difficulty waiting for donors. The Medical Center has done 17 kidney transplants within the past year and lost but one case.

Dr. John P. Donahue is chairman of the IU-VA transplant team.

Among those working with Dr. Donahue on the transplant therapy are Drs. John Glover, Austin Gardner and Dana Shires.

Dr. Donahue said: "Indiana's volunteer transplant donor system may become unique in the nation. It has been remarkably successful. Somehow it has struck a chord in people that is very, very, sympathetic."

Here is how it all started. Harry E. Eakin, president of the Indianapolis chapter of the Indiana State Association of Life Underwriters, heard of the need of kidney donors. His group got in touch with the Transplant Donor Foundation of MacLean, Va.

It was a local group. Indiana was the first state to promulgate the plan statewide. Gerald Young of New Augusta became state chairman and Robert Sternberger, Indianapolis chairman. Robert W. Osler is director of the Indiana State Association of Life Underwriters that got behind the movement.

Twenty-seven local associations for the most part joined in the effort. A representative came from Washington to carry the Indiana plan to the 900 associations over the nation. Donor cards are available. Printed on the card is: "If I were dying and you were already dead, would you help me?" Added are the words: "I have signed already saying I would help you." The back of the donor card is a legal document by which he agrees the use of his organs for transplantation.

If you will volunteer, write or phone Dr. John P. Donahue, Vet-

erans Administration Hospital, 1481 West Tenth Street, Indianapolis.

Or volunteers may phone area 317-545-7065, the Indiana Association of Life Underwriters, Indianapolis.

Another subject, a little belated is a New Year's Prayer sent us by Clemens A. Warn, vice president of the Blue Cross-Blue Shield hospital and doctor insurance. It is entitled "Busy Man's Prayer" and reads:

Ease the pound of my heart by the quieting of my mind. Steady my hurried pace with a vision of the eternal reach of time. Give me, amid the confusion of the day, the calmness of the everlasting hills. Break the tensions of my nerves and muscles with the soothing music of the singing streams that live in memory.

Help me to know the magical restoring power of sleep. Teach me the art of taking minute vacations — of slowing down to look at a flower, to chat with a friend, to pat a dog, to read a few lines of a good book.

Remind me each day of the fable of the hare and the tortoise that I may know that the race is not always to the swift—that there is more to life than increasing its speed. Let me look upward into the branches of the towering oak and know that it grew great and strong because it grew slowly and well.

Slow me down, Lord, and inspire me to send my roots deep into the soil of life's enduring values that I may grow toward the stars of my greater destiny.—*Martinsville Reporter*, March 7, 1970.

Public Education Must Be Restructured

DURING two decades of unparalleled prosperity, when Help Wanted signs have festooned the store fronts, the cafe windows and the factory gates, we have seen a shocking rise of dependency.

The easier it has been for the man or woman of energy and good intentions to make the grade of self-support the harder the hard-core has grown and the more devastating the displays of individual irresponsibility.

I believe that the fundamental job is to quit feeding incompetents into the pipeline. This means that schools that turn out the uneducated and unskilled are exercises in expensive futility. Our high schools are still oriented, as they were 60 years ago, to the production of future clerks and white-collar workers on the low end of the scale, and college-entrance material on the upper end. We have the silly idea that vocational training is degrading and an admission of individual failure.

Sixty years ago the hewers of wood and the drawers of water rarely even got into high school and more rarely finished.

Today they sit in academically oriented classrooms with increasing incomprehension. At the eighth grade they are three years behind. As high school juniors there is hardly anything on the blackboard they understand. A kid can't be subjected to a condition of perpetual humiliation without wanting to rebel. He either drops out or he tries to wreck the class. We are seeing this pattern increasingly.

Yet we need no more icemen or hod carriers or stable boys. But we do need a host of skilled workmen who can come from the ranks of those young people who are currently providing some of our most distressful social problems.

I think much of America's public education, particularly in the urban centers, is going to have to be restructured. We are going to have to junk the sentimental but utterly unrealistic idea that everybody is potential college material, and we are going to have to lead into positions of self-reliance and self-respect those not so endowed.—**Jenkin Lloyd Jones, President, Chamber of Commerce of the United States, Washington, D. C.**

Editorial Notes . . .

Private medical care is still increasing in England. Two million Britons, twice the number of ten years ago, now carry private medical insurance. They, of course, pay taxes and assessments to cover the National Health Service, but do not object to paying twice since it results in better hospital accommodations and free choice of surgeon.

Many of the tasks in a hospital cannot be automated. However, the recording and reporting of the results of laboratory tests is one time-consuming task which is ideally suited for the computer. Test data may be captured directly from the test instruments or, in the case of manual procedures, may be entered by laboratory personnel via terminal devices. Computer systems are now available which provide on an automatic basis—data collection and reduction, limited calculations, test calibration with quality control, test result reports via terminal devices and print-out of test results.

In 1969, motor vehicle accidents in this country caused the death of 5900 children under the age of 15. Proper restraining devices would have saved many of these lives. Bassinets, safety harnesses and lap belts, according to the age involved, are recommended by the American Academy of Pediatrics in its official journal. Efficient protective devices vary with age and weight. They are as important, or more so, than the lap belt for adult passengers.

The Atomic Energy Commission has perfected a neutron beam camera which is useful for the nondestructive examination of metallic objects for the detection of flaws. It has also been found useful for detecting narcotics and other drugs which are concealed in metal or other types of containers.

The neutron source is 268 micrograms of the isotope californium-252. Most of the industrial use of neutron beams is accomplished by a fixed source such as an accelerator or reactor. The use of californium-252 permits a lightweight camera (100 lbs.) which is readily portable.

Clinical laboratory test results are sometimes erroneous due to interference during the testing by drugs in the patient's circulation. Dr. F. William Sunderman, Jr., of the University of Connecticut School of Medicine, spoke on this subject recently at an Ames Company-sponsored Pathology Residents' Seminar. Dr. Sunderman said that the incidence of such interference is increasing due to the multitude of drugs in clinical use. He is concerned especially with the drug effect on measurements of serum proteins, lipids, glucose, uric acid, bilirubin and common hormones.

James E. Etzel, a Purdue sanitary engineering authority, contemplates and urges the formation of an all-inclusive method of waste disposal and pollution control. Only a single approach to the problem will be of any lasting value. If all the atmospheric pollutants were removed from the air, the mass would weigh 133 million tons. If all burnable waste were to be incinerated, the air pollution resulting would be horrible. He suggests a gigantic mechanical and biological process which would accept garbage, sewage, and trash of all varieties, reduce the whole to a mixture of liquid which, with the addition of chlorine, could be emptied into rivers. Solids could be added to large land surfaces with resulting soil improvement. The process would also reclaim metallic waste for salvage.

Environment is now news. On the day President Nixon arrived in Chicago for a conference on pollution, *The Chicago Tribune* announced the appointment of an environment editor, Casey Bukro. It's a wise move. The way the environment is getting thickened up, unless the process is reversed, the papers won't have any use for food editors, garden editors, recreation editors, or any other kind of editors. More power to the environment editor.

Food-borne illnesses may be combatted by a color sound-filmstrip, "The Unwanted Four," produced and sold by the National Restaurant Association. The 13-minute presentation explains how food handlers may avoid complications between food and the four bacterial contaminants, staphylococcus, clostridium perfringens, salmonella and streptococcus. It is recommended for instruction of all kitchen personnel and other food handlers.

Squibb will identify each of its capsules and tablets wth an identification code called Unilog™. The new code will be compatible with the National Drug Code. The same three characters which appear in Unilog will appear on Squibb packaging in the product and potency portion of the N.D.C. number.

National Blue Shield has a justifiable complaint. Blue Shield made suggestions, based on 25 years experience, for the writing of the Medicare law. Congress ignored the suggestions. The government asked Blue Shield to assist in administering the law. Now the government compares Medicare payments with Blue Shield schedules, some of which were made 15 years ago and some of which cover only partial payment, and finds Medicare payments are higher. Ned Parish, Blue Shield Executive Vice President, reports that actually when Medicare payments, which are supposed to be based on usual, prevailing and reasonable charges, are compared to Blue Shield schedules constructed on the same basis, there are no differences. Mr. Parish reported that this has been reported to the news media and to government agencies and that there have been no comments which are critical of the data or of Blue Shield's interpretation of them.

Support for family doctor training would be provided by the federal government by a bill introduced recently by Senator Yarborough of Texas and Representative Rooney of Pennsylvania. An appropriation of 425 million dollars is made for the program through 1975. Grants would be made by HEW to medical schools, teaching hospitals, and interns and residents who plan to specialize in family medicine. The financing not only supports the training programs, but also may be used to construct facilities for the program, to form departments of family medicine, and to train paramedical personnel.

Medical enlisted men are returning to civilian life in great numbers. They constitute a tremendous resource in nursing skills. Everything should be done to encourage these men who are trained in medical and nursing procedures to continue their work in this field. El Centro College of Dallas has an experimental training project which hopes to qualify veteran medical corpsmen as registered nurses. The project is under an HEW grant. It is intended to compare corpsmen training with associate degree nursing education. It will also construct a flexible course of study which will avoid repetition of the man's service training.

A new mutual investment fund is announced. The Birthright Trust of Palm Beach is designed to allow the investor to avoid payment of current taxes until a year of his choice by allowing 85% of the Fund's dividend income to accumulate tax-free. The Fund pays capital gains taxes for the investor. Accumulated profits are taxed as capital gains. Savings up to 28% each year can result. ◄

Lounge Talk

LLOYD L. HILL, M.D.
Peru

FURTHER ventilation on the topic of Medicaid in this feature will tend to make this article a screed. Nevertheless, Dr. Steen's four pages of equivocation explaining how the ad hoc committee he appointed disposed of the mandates of the special session of the House provokes rebuttal. It should come as no surprise that his literary gymnastics fail to satisfy this member. I shall confine my remarks to two glaring fallacies in his letter.

Dr. Steen stated, "—that any concordat reached must have been reached in accordance within the existing legal framework." Does our obsequious president truly believe that organized medicine is required by law to become co-conspirators against the private practitioner of medicine? His statement implies this! ISMA is mandated to declare fee assignment repugnant and to be avoided. Our leadership is morally obligated to staunchly defend the official edicts of the members. We members are cognizant of existing Medicaid laws. Many of us are also reasonably well versed with the U.S. Constitution. A simple but adamant reiteration of ISMA policy to the foes of the free enterprise system will go far toward deterring their objectives.

It is the membership only that holds prerogative to choose between edicts of the organization and civil law if and when the two are in conflict. Blanket fee assignment is *NOT* the law of the land. It is merely the manner in which purveyors of medical care will be compensated for services rendered to welfare recipients if the former *elects* to receive a fee for such services he *chooses* to render. ISMA policy dictates against fee assignment. It is this policy only which must be pursued relentlessly by the spokesmen for organized medicine as long as its policy makers so command them and such mandates remain within legal and constitutional bounds. As of this writing, no law exists declaring these edicts of the ISMA House of Delegates as illegal. Let the imposters of humanitarianism pass their whimsical laws of tyranny; organized medicine must not become embroiled in this conspiracy! Notice must be served perspicuously that organized medicine will not cooperate with *ANY* program which is in conflict with its official policies and principles.

Dr. Steen's second fallacy states, "We cannot afford the luxury of more bad public relations." It should be crystal clear that these dice are loaded to the hilt and any attempt to participate in the game of public relations is most foolhardy. Yet our illustrious president dares to imagine that our principles and ethics can be maintained amid the omnipresent and strategically situated image makers. The public is being deluged with propaganda through every conceivable medium seeking to destroy the image of the medical profession. Is it not interesting that your patients generally believe that every other doctor except you is an evil-minded mercenary waiting to seize any opportunity to take advantage of his innocent victim—his patient? In spite of my lack of diplomacy, abhorrence of expediency and outspoken frankness of opinion to my own patients, the latter truly believe you gentlemen are merciless fleecers of the ill and injured! Get the point, Lowell?

Could it be that the leadership of organized medicine, lacking fortitude and courage to counter these unjust attacks, has actually aided and abetted the assassination of our public image? Of what has the heritage of American medicine to be really ashamed? It has been dynamic and self-regulatory within the broad limits necessary to preserve any art. Adamant leadership is long overdue in order to maintain any semblence of saneness in the practice of medicine. Indeed the system of American medicine has made our nation the world's medical leader. However this method is so discordant with the long-range plan for "social reform" in this country that it makes American medicine become the prime target of the "image changers."

We must match their deceit with courage. We must counter all attacks with facts. It is necessary that we respond to their threats with a loud, resounding "NUTS!" Dr. Steen and his staff were mandated to do precisely that! As this writer opines, his letter fails to free him of this responsibility. We must pursue obstinately the objectives of organized medicine in spite of the many obstacles deliberately thrown in our path by political schemers as well as by our quasi-allies known as "fiscal intermediaries."

Keeping in mind that the "public" today is truly the major TV Networks, A.P.S., U.P.I., Time-Life, Inc., *Medical World News, Medical Tribune,* yes, even *Medical Economics* and Messrs. Huntley, Brinkley, Cronkite, et al.; in the words of William Henry Vanderbilt, "The Public Be Damned!"

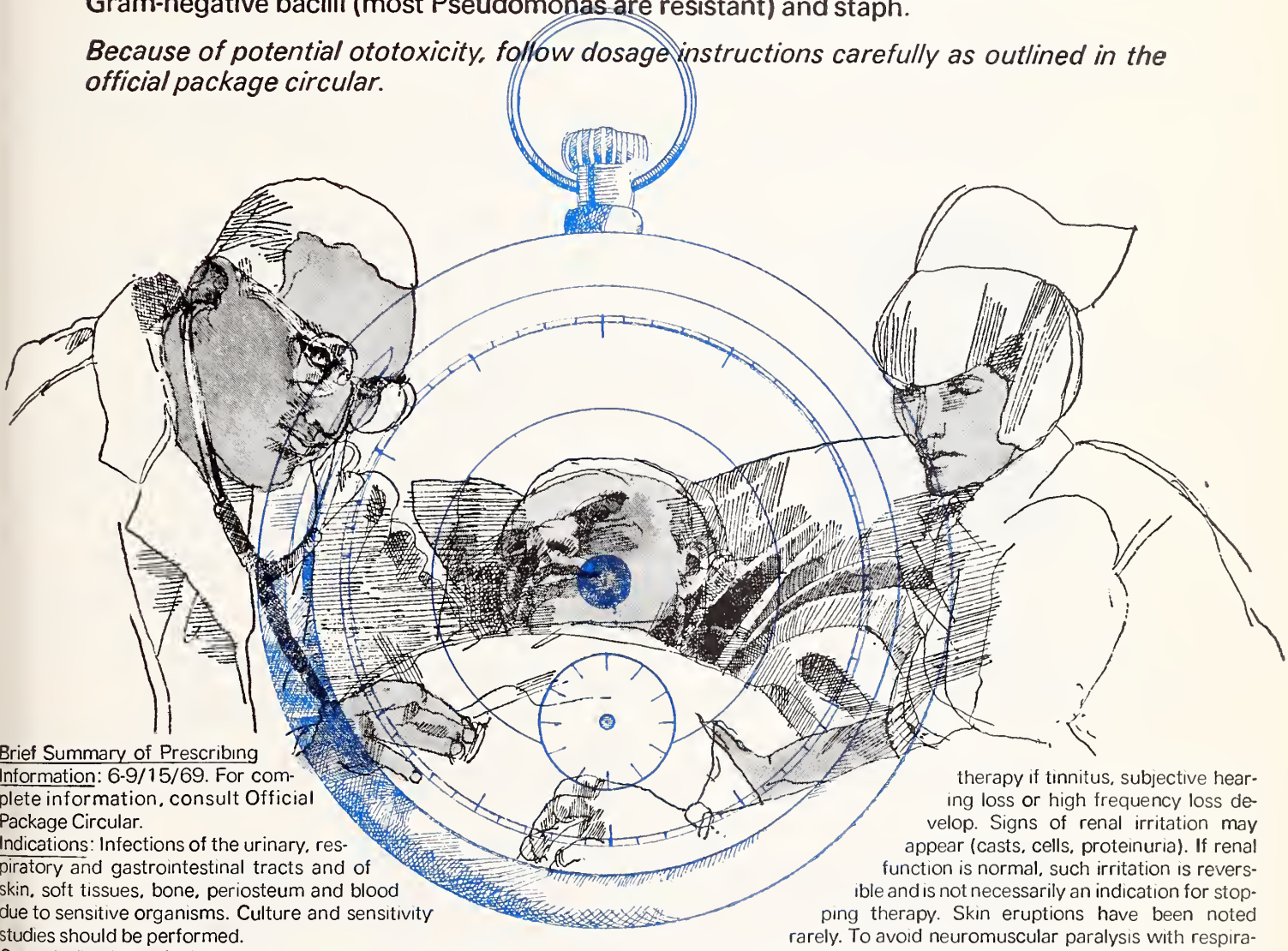
302 N. Duke Street
Peru 46970

A valuable hospital antibiotic —when there is no time

in severe systemic infections—postoperative bacteremia, Gram-negative/staph pneumonias or neonatal sepsis—Kantrex® (kanamycin sulfate) is often indicated before results of customary sensitivity tests can be reported. Clinical response is often seen within 24-48 hours in susceptible infections, with remission soon after.

10 years of experience confirm the continuing effectiveness of Kantrex® against many Gram-negative bacilli (most Pseudomonas are resistant) and staph.

Because of potential ototoxicity, follow dosage instructions carefully as outlined in the official package circular.



Brief Summary of Prescribing Information: 6-9/15/69. For complete information, consult Official Package Circular.

Indications: Infections of the urinary, respiratory and gastrointestinal tracts and of skin, soft tissues, bone, periosteum and blood due to sensitive organisms. Culture and sensitivity studies should be performed.

Contraindications: A history of hypersensitivity to the drug. Prior auditory damage by kanamycin or other agents may be a contraindication if effective alternative therapy is available.

Warnings: Since the drug is excreted almost entirely by glomerular filtration, renal malfunction can cause abnormally high serum levels of kanamycin which may prove ototoxic. Assess renal function periodically, both before and during therapy. Renal dysfunction or pre-renal azotemia sharply increase the risk of ototoxicity and permanent deafness. In such cases decrease the size and frequency of doses. Discontinue kanamycin and check hearing if azotemia increases. In older patients and patients receiving a total dose in excess of 15 Grams, watch carefully for signs of ototoxicity.

Precautions: If mycotic or bacterial superinfection occurs, discontinue kanamycin and initiate appropriate therapy. Cumulative ototoxic effects may be produced by concurrent or consecutive use of other ototoxic drugs. High doses may cause irritation at injection sites. The drug *should not* be physically mixed with other antimicrobials.

Adverse Reactions: Severe irreversible hearing loss may occur. Stop therapy if tinnitus, subjective hearing loss or high frequency loss develop. Signs of renal irritation may appear (casts, cells, proteinuria). If renal function is normal, such irritation is reversible and is not necessarily an indication for stopping therapy. Skin eruptions have been noted rarely. To avoid neuromuscular paralysis with respiratory depression, postpone intraperitoneal instillation in postoperative patients until recovery from anesthesia and muscle relaxants is complete.

Dosage and Administration: The usual dose is 7.5 mg./Kg./12 hours I.M. The average adult dose is 1 Gram daily and should not exceed 1.5 Gram even in the heaviest patients. Uncomplicated infections due to sensitive organisms should respond in 24 to 48 hours. If no response occurs in 5 days, stop therapy and recheck the bacterial sensitivities. Hydrate patients well to minimize renal irritation. Inject deeply into the upper outer quadrant of the gluteal muscle. Discard partially used vials after 48 hours.

Supplied: Rubber capped vials as a ready-to-use sterile aqueous solution in two concentrations: 0.5 Gm. in 2 ml. 1.0 Gm. in 3 ml.

Also available—Pediatric Injection 75 mg. in 2 ml.

A.H.F.S. Category 8:12.28

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Division of Bristol-Myers Company
Syracuse, New York 13201

KANTREX® INJECTION
(kanamycin sulfate)

The Woman's Auxiliary

REPORTS TO ISMA

The 26th annual House of Delegates of the Woman's Auxiliary to the Indiana State Medical Association met at the Imperial House Motel. We had "Spring in Columbus" on April 29th and 30th.

The very successful year of Sylvia Schneider was summed up during this meeting. We had a great year for AMA-ERF contributions—we may have dropped in membership but we gained in friendships and enthusiasm.

Preceding the official opening of the meeting we had a lovely dinner for the past presidents. The entertainment brought smiles to everyone as we were shown how we might look as a blond, at a wig show. On Wednesday morning we boarded buses for an architectural tour and memorial service. We loved seeing the unusual schools and churches that are now a landmark of Columbus. We were especially entertained by Miss Sweeney at her home "Castilia." We were served a beautiful buffet at the Columbus Country Club and our luncheon speaker was none other than our national auxiliary president-elect, Margery Robertson. Her speech was not only timely, but sparked the enthusiasm that we could use to carry on our auxiliary work. It was very good also for stimulating conversations afterwards.

We had an official opening of the meeting after lunch and a rest before dinner. A buffet of fish foods of which I've never seen the equal before was served and we were also honored to have Dr. and Mrs. Lowell Steen as our guests. Everyone really enjoyed the Las Vegas night and auction following dinner.

Thursday morning finished our business session and, followed by a beautiful installation luncheon, everyone went home feeling full of enthusiasm and joy.

Our many thanks go to all who helped in making the House of Delegates so enjoyable. Special thanks to Francis Richmond and her committee for running the convention so smoothly. Also a special thanks to my own county of Vanderburgh for all their work and for all the beautiful flowers and gifts which made my installation so memorable.

Those who missed this meeting really missed a great experience.

Doris M. Clouse

Federally Approved Home Health Services Agencies in Indiana

ALLEN COUNTY
Visiting Nurses Service of Fort Wayne, Inc.
227 E. Washington Blvd.
Fort Wayne

BARTHOLOMEW COUNTY
Home Care Department
Bartholomew County Hospital
2400 East 17th St.
Columbus

BROWN COUNTY
Brown County Nursing Service
Brown County Health Department
Court House Annex
Nashville

CRAWFORD COUNTY
Crawford County Community Health & Homemaker Service
Court House
English

DELAWARE COUNTY
Visiting Nurse Association, Inc.
2500 Bethel Avenue
Muncie

ELKHART COUNTY
Nursing Division
Elkhart County Health Unit
313 N. Second St.
Elkhart

FOUNTAIN COUNTY
Home Health Division
Fountain-Warren County Health Department
109 Mill Street
Attica

FULTON COUNTY
Home Health Nursing Division
Fulton County Health Dept.
Court House
Rochester

GRANT COUNTY
Grant County Visiting Nurse Association, Inc.
501 Wabash Avenue
Marion

HENDRICKS COUNTY
Home Health Agency
Division of Nursing
Hendricks County Health Department
P.O. Box 306
Danville

JACKSON COUNTY
Home Health Care Division
Jackson County Dept. of Health
Jackson County Hospital
Poplar & Bruce Streets
Seymour

JEFFERSON COUNTY
Home Health Division
Jefferson County Health Department
608 Broadway
Madison

JOHNSON COUNTY
Division of Nursing
Johnson County Health Department
Court House
Franklin

LAKE COUNTY
Home Care Department
Lake County Health Dept.
Court House
Crown Point

Home Nursing Service
United Health Program
United Community Chest, Inc.
111 Silbey Ave.
Hammond

Visiting Nurse Assn., Inc.
532 W. Chicago Ave.
East Chicago

Visiting Nurse Association of Gary, Inc.
3807 Washington St.
Gary

LAPORTE COUNTY
Visiting Nurses Association of LaPorte County, Inc.
717 Franklin St., Room 232
Michigan City

MARION COUNTY
Visiting Nurse Association, Inc.
615 N. Alabama St.
Indianapolis

Home Care Agency of Marion County
3242 N. Meridian St.
Indianapolis

East Side Home Care
120 S. Ridgeview
Indianapolis

MARSHALL COUNTY
Home Health Division
Marshall County Health Dept.
Court House
Plymouth

MONROE COUNTY
Public Health Nursing Assn. of Bloomington & Monroe County, Inc.
315 W. Dodds St.
Bloomington

OHIO COUNTY
Ohio County Board of Health
City Hall
Rising Sun

RUSH COUNTY
Rush County Home Health Services
Rush County Public Health Dept.
Courthouse, Room 5
Rushville

ST. JOSEPH COUNTY
Visiting Nurses Assn. of St. Joseph County, Inc.
321 Lincolnway West
South Bend

SCOTT COUNTY
Home Care Division
Scott County Health Department
R. R. 2
Scottsburg

TIPPECANOE COUNTY
Visiting Nursing Service of Lafayette, Inc.
1114 State St.
Lafayette

VANDERBURGH COUNTY
Evansville Public Health Nursing Assn.
120 S.E. First St.
Evansville

VIGO COUNTY
Visiting Nurse Assn. of Terre Haute, Inc.
328 S. Fifth St.
Terre Haute

WAYNE COUNTY
Public Health Nursing Assn.
15 N. 10th St.
Richmond

Medicare Approved Independent Clinical Laboratories

ALLEN COUNTY

Ft. Wayne Medical Laboratory
520 Medical Center Building
347 W. Berry St.
Ft. Wayne

CLARK COUNTY

Jeffersonville Clinical Laboratory
201 E. Market St.
Jeffersonville

DAVIESS COUNTY

Medical Laboratory
516 S. E. Fifth St.
Washington

FLOYD COUNTY

Physician's Precision Automated Laboratories, Inc.
1919 State St.
New Albany

GREENE COUNTY

Haag Medical Laboratory
210 E. Vincennes St.
Linton

HAMILTON COUNTY

Foster-Muller-Sullivan Medical Laboratory
79 First Ave., S.W.
Carmel

JOHNSON COUNTY

Greenwood Clinical Laboratory, Inc.
360 S. Madison Ave.
Greenwood

KNOX COUNTY

Doctors' Laboratory
704 Vigo St.
Vincennes

W. J. Pierce, M.D., Laboratory
R. R. #1
Bruceville

LAKE COUNTY

Crown Point Clinical Laboratory
113 N. Court St.
Crown Point

Gary Clinical Laboratory
504 Broadway
Gary

Gary Medical Center Clinical Laboratories
3290 Grant St.
Gary

Hobart Clinical Laboratory
295 S. Wisconsin St.
Hobart

H. Y. Chang, M.D., Clinical Laboratory
3275 Broadway
Gary

Physicians Laboratory
5246 Hohman Ave., Room 409
Hammond

LAPORTE COUNTY

Robert J. Frost, M.D., Laboratory
1701 Buffalo St.
Michigan City

MADISON COUNTY

Anderson Medical Laboratories, Inc.
121 W. 12th St.
Anderson

MARION COUNTY

Irvington Medical Laboratory
6051 E. Washington St.
Indianapolis

Madison Village Laboratory
7210 Madison Ave.
Indianapolis

Meridian Laboratory
3120 N. Meridian St.
Indianapolis

Mershon Medical Laboratories
3855 E. 10th St.
Indianapolis

Mershon Medical Laboratories
3600 W. 16th St.
Indianapolis

Mershon Medical Laboratories
4230 S. Madison Ave.
Indianapolis

Thornton-Haymond-Costin-Buehl Medical Laboratory
301 E. 38th St.
Indianapolis

Southern Professional Laboratory
234 E. Southern Ave.
Indianapolis

POSEY COUNTY

Pathology Laboratory Service
114 W. Fourth St.
Mt. Vernon

ST. JOSEPH COUNTY

Medical Arts Laboratory
303 S. Main St.
Mishawaka

South Bend Medical Foundation, Inc
531 N. Main St.
South Bend

TIPPECANOE COUNTY

Lafayette Clinical Laboratory
300 Main, Life Building
Lafayette

Physicians Clinical Laboratory, Inc.
2500 Ferry St.
Lafayette

VANDERBURGH COUNTY

Clinical Laboratory of Drs. Porro, Shively and Robertson
3700 Bellemeade Ave.
Evansville

Mid-America Pathology Service, Inc.
P.O. Box 138
3700 Bellemeade Ave.
Evansville

VIGO COUNTY

Terre Haute Medical Laboratory
1505 N. Seventh St.
Terre Haute

Valley Medical Laboratory
465 S. 25th St.
Terre Haute

WAYNE COUNTY

Richmond Clinical Pathology Laboratory
1250 Chester Blvd.
Richmond

ROSTER OF MEMBERS

Indiana State Medical Association
and
Woman's Auxiliary

June 1970

Price $3.00

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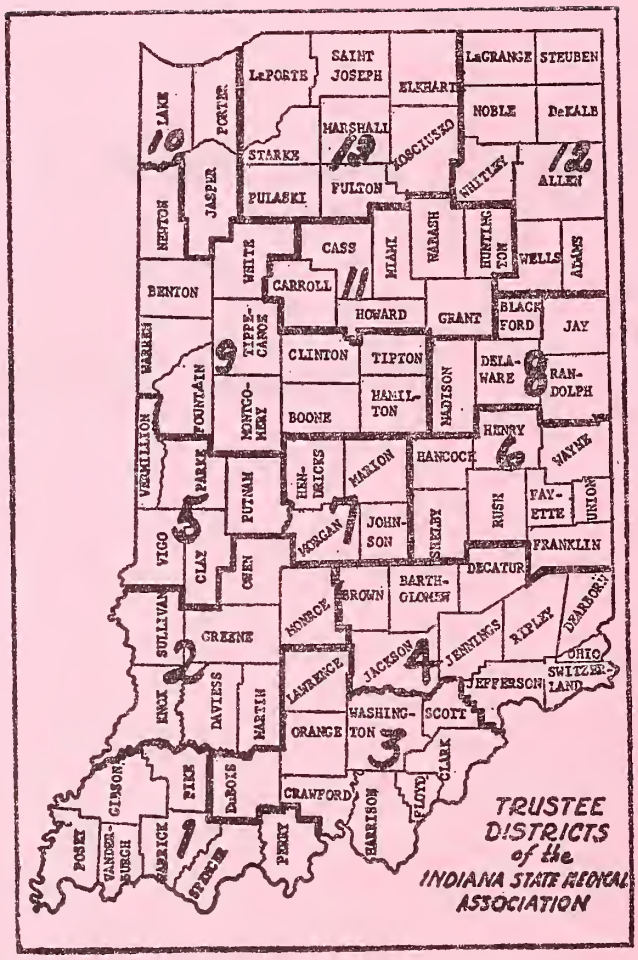
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JENNINGS
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MARTIN
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SWITZER-LAND
WASHING-TON
SCOTT
ORANGE
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GIBSON
PIKE
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CRAWFORD
FLOYD
POSEY
VANDER-BURGH
WARRICK
SPENCER
PERRY
HARRISON
TRUSTEE DISTRICTS of the INDIANA STATE MEDICAL ASSOCIATION

Membership Roster

INDIANA STATE MEDICAL ASSOCIATION

Following is a list of paid-up members of the Indiana State Medical Association as of May 1, 1970.

The letter (S) following a name indicates that the physician is a senior member of his local society and of the Indiana State Medical Association. The letter (H) following a name indicates that the physician is an honorary member of his local society and the Indiana State Medical Association.

Physicians are listed in the county medical society in which they hold membership.

Names of members who have died during the year do not appear in this list.

If any errors are found in this list, please report them to THE JOURNAL, 3935 N. Meridian, Indianapolis, Indiana 46208. The cooperation of members is urgently requested.

The information on specialties came from the 1967 AMA Directory (latest available issue) and from directory cards which have been returned to the ISMA office. See page 34/576 for explanation of medical specialties.

ALPHABETICAL LIST OF MEMBERS

For street addresses, see roster of members by counties, p. 35/577.

Name	City	County
	A	
Aagesen, Walter J.	Anderson	Madison
Abell, Charles F.	Marion	Grant
Abell, William A.	Anderson	Madison
Able, Walter	Columbus	Bartholomew-Brown
Abramson, Allan L.	Gary	Lake
Acher, Robert P.	Greensburg	Decatur
Acker, Herbert K.	Fort Wayne	Allen
Acre, Robert R. (S)	Evansville	Vanderburgh
Adams, Julia L.	Muncie	Delaware-Blackford
Adams, E. Wade	Fort Wayne	Allen
Adams, Max R. (S)	Greenfield	Hancock
Adams, William B.	Muncie	Delaware-Blackford
Addleman, Robert H.	Indianapolis	Marion
Ade, Charles H.	Lafayette	Tippecanoe
Ade, Mary Keller	Lafayette	Tippecanoe
Adkins, Harold C.	Indianapolis	Marion
Adler, David L.	Columbus	Bartholomew-Brown
Adler, Fred	Munster	Lake
Adney, Frank B., Jr.	Richmond	Wayne-Union
Advincula, Luis V.	Brazil	Clay
Adye, Wallace M., Jr.	Evansville	Vanderburgh
Agana, Adriano A.	Gary	Lake
Ahlbrand, Roland C.	Fort Wayne	Allen
Ahn, Kyung J.	Munster	Lake
Aiken, Arthur F.	Fort Wayne	Allen
Aiken, Milo M.	Plainfield	Hendricks
Aiken, Nevin E.	Fort Wayne	Allen
Ake, Loren	Richmond	Wayne-Union
Albertson, Frank P.	Indianapolis	Marion
Albrecht, Willard H.	Indianapolis	Marion
Alcorn, Merritt O.	Madison	Jefferson-Switzerland
Alderfer, Henry H.	Marion	Grant
Aldred, Allen W.	Fort Wayne	Allen
Aldrich, Harry D.	Indianapolis	Marion
Aldrich, Howard	Indianapolis	Marion
Alexander, Ezra D. (S)	Indianapolis	Marion
Alexander, Jack L.	Muncie	Delaware-Blackford
Alexander, John E.	Evansville	Vanderburgh
Alexander, Stephen J.	Crawfordsville	Montgomery
Alfano, Paul A.	Gary	Lake
Alig, Vincent B.	Indianapolis	Marion
All, Barbara B.	Indianapolis	Marion
Allegretti, Michael L.	Munster	Lake
Allen, Donald R.	Evansville	Marion
Allen, George S.	Georgetown	Floyd
Allen, Lawrence E.	Anderson	Madison
Allen, Robert K.	Indianapolis	Marion
Allen, Robert T.	Richmond	Wayne-Union
Allen, William H.	Evansville	Vanderburgh
Alley, Thomas W.	Indianapolis	Marion
Almquist, Carl O. (S)	Gary	Lake
Alt, Edward M., Jr.	Munster	Lake
Altier, William H.	Lafayette	Benton
Aluning, Pastor D.	Peru	Miami
Altuna, Raquel	Valparaiso	Porter
Alvarez, Paul	Merrillville	Lake
Alvey, Charles R.	Muncie	Delaware-Blackford
Alvis, David L.	Indianapolis	Marion
Alvis, Edmond O. (S)	Indianapolis	Marion
Alward, John H.	Kokomo	Howard
Ambrose, Jesse C.	Noblesville	Hamilton
Ambrozaitis, Kazys	Gary	Lake
Amico, Pasquale J.	Gary	Lake
Amini, Sohrab	Huntingburg	Dubois
Anderson, Ernest	Fort Wayne	Allen
Anderson, Garland D.	Fort Wayne	Allen
Anderson, James T.	Greenfield	Hancock
Anderson, James W.	Indianapolis	Marion
Anderson, John B.	Vincennes	Knox
Anderson, John T.	Zionsville	Marion
Anderson, Milton H.	Evansville	Vanderburgh
Anderson, Richard M.	Vincennes	Knox
Anderson, Robert C.	Richmond	Wayne-Union
Anderson, Walter C.	Terre Haute	Vigo
Andrew, Jerald L.	Fort Wayne	Allen
Andrews, C. Franklin	Geneva	Jay
Andrews, Hugh K.	Franklin	Johnson
Angel, Virgil E.	Highland	Lake
Angeles, Uldarico A.	Portage	Lake
Angulo, Edilberto D.	Munster	Lake
Ansbacher, Stefan (H)	Marion	Grant
Anshutz, William M.	Indianapolis	Marion
Antes, Earl H.	Evansville	Vanderburgh
Antreasian, Berj	Indianapolis	Marion
Appel, Richard H.	Indianapolis	Marion
Apple, Eddie R.	Salem	Washington
Applegate, Albert E.	Frankfort	Clinton
Applegate, George W.	Indianapolis	Marion

Name	City	County
Arata, James A.	Fort Wayne	Allen
Arata, Justin E.	Fort Wayne	Allen
Arata, Lucian A.	Shelbyville	Shelby
Arbeiter, Herbert I.	Munster	Lake
Arbogast, John L.	Indianapolis	Marion
Arbogast, Paul B.	Vincennes	Knox
Arbuckle, William E. (S)	Indianapolis	Marion
Arendell, Robert E.	Evansville	Vanderburgh
Arford, John E.	Warsaw	Kosciusko
Arive, Floro F.	Indianapolis	Hancock
Arlook, Theodore D.	Elkhart	Elkhart
Armalavage, Leon J.	Valparaiso	Porter
Armer, Robert M.	Indianapolis	Marion
Armington, Charles L.	Anderson	Madison
Armstead, John W.	Indianapolis	Marion
Armstrong, Thomas D.	Michigan City	La Porte
Arney, Amos	Michigan City	La Porte
Arnold, Aaron L.	Indianapolis	Marion
Arnold, Robert D.	Indianapolis	Marion
Aronson, Sidney S. (S)	Indianapolis	Marion
Arrowsmith, James L.	Munster	Lake
Artis, Myrle E.	Kokomo	Howard
Artz, Richard W.	Angola	Steuben
Arvin, Delano Z.	Lafayette	Tippecanoe
Ashburn, Clarence M.	Muncie	Delaware-Blackford
Asher, James W.	New Augusta	Marion
Ashman, William C.	Fort Wayne	Allen
Ashwood, Edward L.	Woodbury, N. J.	Marion
Assue, Clare M.	Indianapolis	Marion
Atkins, Clarence C. (S)	Rushville	Rush
Atwood, William H.	Elkhart	Elkhart
Auburn, Richard P.	Munster	Lake
Auckley, James L.	Lafayette	Tippecanoe
Ault, Carl H.	Kokomo	Tippecanoe
Ault, Roy J.	Terre Haute	Vigo
Aust, Charles H.	Ft. Wayne	Allen
Austin, Charles E.	Anderson	Madison
Austin, Eugene W.	Evansville	Vanderburgh
Austin, Maynard A. (S)	Evansville	Madison
Austin, Richard P.	Bedford	Lawrence
Avery, George O.	Indianapolis	Marion
Ayres, Wendell W.	Marion	Grant

B

Name	City	County
Baadj, Abdel G.	Indianapolis	Marion
Babb, Forrest J.	Stockwell	Tippecanoe
Babcoke, Gary A.	Cedar Lake	Lake
Bacala, Jesus	Scottsburg	Scott
Bachman, R. Keith	Jeffersonville	Clark
Bachmann, Arnold J.	Indianapolis	Marion
Backer, George P.	La Porte	La Porte
Backer, Henry G. (S)	Ferdinand	Dubois
Backer, Mary B.	La Porte	La Porte
Backs, Alton J.	South Bend	St. Joseph
Bader, Joseph	Indianapolis	Marion
Bahler, Dean R.	Crawfordsville	Montgomery
Bahr, Robert E.	Fort Wayne	Allen
Bailey, Earl W.	Logansport	Cass
Bailey, Edwin B.	Linton	Greene
Bailey, Lawrence S.	Zionsville	Boone
Bailey, Paul P. (S)	Fort Wayne	Allen
Baird, Melvin S.	Indianapolis	Marion
Bakemeier, Otto H. (S)	Indianapolis	Marion
Bakemeier, Robert E.	Indianapolis	Marion
Baker, Avey M. (S)	New Albany	Floyd
Baker, Eldon E.	Delphi	Carroll
Baker, Glenn	Brownsburg	Hendricks
Baker, Herman M. (S)	Indianapolis	Vanderburgh
Baker, John C.	W. Lafayette	Marion
Baker, John R.	Evansville	Tippecanoe
Baker, Leslie M.	Aurora	Dearborn-Ohio
Baker, Mason R.	Evansville	Vanderburgh
Baker, Milan D.	Culver	Marshall
Baker, Sam B.	Evansville	Vanderburgh
Baker, Warren (S)	Michigan City	La Porte
Bakos, Edward R.	Decatur, Ill.	Lake
Balaguer, Carmen V.	Hammond	Lake
Balch, James F., Jr.	Indianapolis	Marion
Balkema, Catherine M.	Lafayette	Tippecanoe
Ball, Clay A. (S)	Muncie	Delaware-Blackford
Ball, John R.	Fort Wayne	Allen
Ball, Joseph E.	Indianapolis	Marion
Ball, Margaret J.	Fort Wayne	Allen
Ball, Philip	Muncie	Delaware-Blackford
Ballenger, William E. (S)	Richmond	Wayne-Union
Balsbaugh, George K.	North Manchester	Wabash
Balter, Eugene	Gary	Lake
Baltes, Joseph H.	Fort Wayne	Allen
Banez, Ramon V.	Richmond	Wayne-Union
Bankoff, Milton L.	Michigan City	La Porte
Bannon, William G.	Terre Haute	Vigo
Baptisti, Arthur, Jr.	Indianapolis	Marion
Baran, Charles	South Bend	St. Joseph
Barch, John W.	Fort Wayne	Allen
Bard, Frank B.	Crothersville	Jackson-Jennings
Barnes, Gilbert H.	Indianapolis	Marion
Barnes, Helen B.	Greenwood	Johnson
Barnhart, Willard T.	Evansville	Vanderburgh
Barone, Carmelo V.	Mishawaka	St. Joseph
Barrett, James W.	Washington	Daviess-Martin
Barrett, Thomas L.	Vincennes	Knox
Barron, Elmer A.	East Chicago	Lake
Barros, Paul	Gary	Lake
Barrow, John H.	Dale	Dubois
Bartle, James L.	Indianapolis	Marion
Bartlett, Donald T.	Vincennes	Knox
Bartley, Max D.	Indianapolis	Marion
Barton, Reginald R.	Gary	Lake
Barton, Robert	Angola	Steuben
Barton, Willoughby M.	Centerville	Wayne-Union
Bartsch, Harvey L.	South Bend	St. Joseph
Bascom, Karleen A.	Madison	Jefferson-Switzerland
Bash, Wallace E.	Fort Wayne	Allen
Baskett, Russell J.	Jonesboro	Grant
Bassett, Margaret	Thorntown	Boone
Bassler, Carl R. (S)	Niles, Mich.	St. Joseph
Bastnagel, William F.	Indianapolis	Marion
Bastug, Erol	Gary	Lake
Bate, Mostafa H.	Indianapolis	Marion
Bates, Laurence H.	Indianapolis	Marion
Batman, Gordon W. (S)	Indianapolis	Marion
Battersby, J. Stanley	Indianapolis	Marion
Batties, Paul A.	Indianapolis	Marion
Battle, Frederick G.	Michigan City	La Porte
Bauer, Thomas B.	Indianapolis	Marion
Baughn, William L.	Anderson	Madison
Baum, John R. (S)	Warsaw	Kosciusko
Bauman, Richard L.	Fort Wayne	Allen
Baumeister, Herbert E.	Indianapolis	Marion
Baumgartner, Jeraldine	Fort Wayne	Allen
Baxter, Harry R.	Seymour	Jackson-Jennings
Baxter, John P.	Indianapolis	Marion
Baxter, Neal E.	Bloomington	Owen-Monroe
Baxter, Samuel M. (S)	New Albany	Tippecanoe
Bayley, William E.	Lafayette	Floyd
Beach, Norman F.	South Bend	St. Joseph
Beach, Robert R. (S)	Indianapolis	Marion
Beamer, Parker R.	Valparaiso	Porter

Name	City	County
Beams, Ralph H.	Fort Wayne	Allen
Bean, Joseph S.	Logansport	Cass
Beardsley, Frank A., Jr.	Frankfort	Clinton
Beaven, John B.	Jasper	Dubois
Beaver, Ernest R.	Rensselaer	Jasper
Beaver, Howard W.	Indianapolis	Marion
Beaver, Norman E.	Berne	Adams
Bechtol, Lavon D.	Indianapolis	Marion
Bechtold, Samuel E.	South Bend	St. Joseph
Beck, Evart M.	Indianapolis	Marion
Beck, Robert E.	Evansville	Vanderburgh
Becker, Harry G.	Indianapolis	Marion
Becker, Jerry D.	Evansville	Vanderburgh
Becker, Samuel W.	Whiting	Lake
Beckes, Ellsworth W. (S)	Vincennes	Knox
Beckman, Arthur	Merrillville	Lake
Beconovich, Robert	Munster	Lake
Bedwell, Marion H. (S)	Sullivan	Sullivan
Beebe, Milton O., Jr.	Rockville	Parke-Vermillion
Beeler, Franklin K.	Anderson	Madison
Beeler, John W.	Indianapolis	Marion
Beeler, Raymond C. (S)	Indianapolis	Marion
Beering, Steven C.	Indianapolis	Marion
Beeson, Wilbur P.	Greenfield	Hancock
Begley, Joseph W., Jr.	Evansville	Vanderburgh
Begley, Robert W.	Anderson	Madison
Beggs, Lowell F.	Columbus	Bartholomew-Brown
Behn, Walter M. (S)	Wheaton, Ill.	Lake
Beierlein, Karl M.	Fort Wayne	Allen
Beights, Raymond S.	Fort Wayne	Allen
Beisel, Larry H.	Evansville	Vanderburgh
Belcher, Alan D.	Marion	Grant
Bell, Horace D.	South Bend	St. Joseph
Belshaw, George	Indianapolis	Marion
Belt, James H.	Indianapolis	Marion
Benchik, Frank A.	East Chicago	Lake
Bender, John M.	Goshen	Elkhart
Bender, Martin J.	Evansville	Vanderburgh
Bender, Robert L.	Elkhart	Elkhart
Bendush, Cecil L.	Evansville	Vanderburgh
Benedict, Harold G.	Pendleton	Madison
Benedict, Paul F.	Indianapolis	Marion
Benham, Lawrence E.	Bedford	Lawrence
Benken, Lawrence D.	Muncie	Delaware-Blackford
Bennett, Abner P.	Evansville	Vanderburgh
Bennett, Ivan F.	Indianapolis	Marion
Bennett, J. B.	Warren	Huntington
Bennett, James E.	Indianapolis	Marion
Bennett, Jene R.	South Bend	St. Joseph
Benson, J. Thomas	Indianapolis	Marion
Benson, James E.	Elkhart	Elkhart
Benz, James A.	Indianapolis	Marion
Benz, Jesse C. (S)	Marengo	Harrison-Crawford
Benz, Owen F.	Wanatah	La Porte
Bergal, Milton B.	Gary	Lake
Bergan, Joseph A.	Michigan City	La Porte
Bergendahl, Emil H.	Fort Wayne	Allen
Berghoff, James R.	Fort Wayne	Allen
Bergwall, Warren L.	Muncie	Delaware-Blackford
Berke, Robert D.	South Bend	St. Joseph
Berkshire, Shaffer B.	N. Vernon	Jackson-Jennings
Berkson, Myron E.	Michigan City	La Porte
Berman, Edward J.	Indianapolis	Marion
Berman, Jacob K. (S)	Indianapolis	Marion
Bernard, Marvin R.	Gary	Lake
Bernoske, Daniel G.	Indianapolis	Marion
Berry, John M.	Indianapolis	Marion

Name	City	County
Beruben, Miguel F.	East Chicago	Lake
Best, Robert C.	Whiting	Lake
Bethea, Dennis A. (S)	Hammond	Lake
Bethea, Robert O.	Farmersburg	Sullivan
Beuerman, V. A.	Lafayette	Tippecanoe
Beutler, Theodore V.	Fort Wayne	Allen
Bhagwandin, Harry O.	Indianapolis	Marion
Biasini, Benedict A.	South Bend	St. Joseph
Bibler, Henry E. (S)	Muncie	Delaware-Blackford
Bibler, Lester D.	Indianapolis	Marion
Bickel, David A. (S)	South Bend	St. Joseph
Bickers, Everett E.	Floyds Knobs	Floyd
Bidney, Evelyn B.	Bloomington	Owen-Monroe
Biegel, Angenieta A.	Indianapolis	Marion
Bierly, George R.	New Albany	Floyd
Bierman, Gilbert H.	Fort Wayne	Allen
Bigler, Frederick W.	Goshen	Elkhart
Bill, Robert O.	Indianapolis	Marion
Billings, Elmer R.	Elkhart	Elkhart
Billingsley, John S.	Fort Wayne	Allen
Bills, R. James	Gary	Lake
Bills, Robert N. (S)	Gary	Lake
Birdzell, John P.	Merrillville	Lake
Birmingham, Peter J. (S)	South Bend	St. Joseph
Bishop, Harry A.	Frankton	Madison
Bissonnette, Roger P.	Evansville	Vanderburgh
Bixler, Donald P.	Anderson	Madison
Bixler, James A.	Fort Wayne	Allen
Bixler, Louis C.	South Bend	St. Joseph
Bizer, Mier A.	Jeffersonville	Clark
Black, Boyd K.	Vincennes	Knox
Black, Henry R.	Indianapolis	Marion
Black, M. James	Brownsburg	Hendricks
Black, Joseph M.	Seymour	Jackson-Jennings
Blackburn, Howard R.	Noblesville	Hamilton
Blackford, Florence (S)	Indianapolis	Marion
Blackford, Ralph E. (S)	Indianapolis	Marion
Blackwell, Donald S.	Indianapolis	Marion
Blair, Richard G.	Huntington	Huntington
Blaisdell, William F.	Seymour	Jackson-Jennings
Blake, Albert L.	Indianapolis	Marion
Blassaras, Crist A.	Anderson	Madison
Blatt, A. Ebner	Indianapolis	Marion
Blazey, Arthur G.	Washington	Daviess-Martin
Bledsoe, James G.	New Castle	Henry
Blessinger, Louis H.	Corydon	Harrison-Crawford
Bleza, Maximo	Munster	Lake
Blichert, Peter A.	Fort Wayne	Allen
Blix, Fred M.	Ladoga	Montgomery
Bloemker, E. Fredrick	Indianapolis	Marion
Bloemker, Edward F.	Indianapolis	Marion
Bloom, Asa W.	Marion	Grant
Bloom, George R.	Elkhart	Elkhart
Bloomer, Richard S.	Rockville	Parke-Vermillion
Bloss, Bryant A.	Evansville	Vanderburgh
Blossom, Paul W.	Richmond	Wayne-Union
Bloxdorf, John W.	Terre Haute	Vigo
Blum, Leon L.	Terre Haute	Vigo
Boaz, William D.	Wabash	Wabash
Bobb, Kenneth E.	Seymour	Jackson-Jennings
Boberg, Arthur R.	Muncie	Delaware-Blackford
Bodnar, Leslie M.	South Bend	St. Joseph
Bogan, William C.	South Bend	St. Joseph
Bogardus, Carl R.	Austin	Scott
Boggs, Eugene F.	Indianapolis	Marion
Boha, Rudolf L.	Borden	Floyd
Bolander, James E.	Fort Wayne	Allen
Boldy, Mirhan	Marion	Grant

Name	City	County
Bolin, Robert C.	Lafayette	Tippecanoe
Boling, Frederick F.	Indianapolis	Marion
Boling, Grover C.	Indianapolis	Marion
Boling, Richard C.	Elkhart	Elkhart
Bolinger, Garry L.	Indianapolis	Marion
Bollheimer, Don A.	Fort Wayne	Allen
Bomalaski, M. Donald	Jasper	Dubois
Bomba, Brad J.	Bloomington	Owen-Monroe
Bombar, Leslie E.	Munster	Lake
Bond, George S. (S)	Indianapolis	Marion
Bond, Virginia	Indianapolis	Marion
Bond, Walter C. (S)	Clay City	Clay
Bond, William H.	Indianapolis	Marion
Bonsett, Charles A.	Indianapolis	Marion
Booher, Norman R.	Indianapolis	Marion
Booher, Olga Bonke	Indianapolis	Marion
Boone, Clarence W.	Gary	Lake
Boone, Robert D.	Evansville	Vanderburgh
Boonstra, Charles E.	Bluffton	Wells
Booth, Boynton H.	Indianapolis	Marion
Booth, Franklin M.	South Bend	St. Joseph
Booze, James H.	Bloomington	Owen-Monroe
Bopp, Henry W., Jr.	Terre Haute	Vigo
Bopp, James	Terre Haute	Vigo
Border, John F.	Muncie	Delaware-Blackford
Boren, Paul R.	Poseyville	Posey
Borges, Victor J.	Huntingburg	Dubois
Bornstein, Herschel	Gary	Lake
Borland, Raymond M. (S)	Bloomington	Owen-Monroe
Borough, Lester D.	South Bend	St. Joseph
Bosch, Ralph	Seymour	Jackson-Jennings
Bosler, Howard A. (S)	Westville	La Porte
Bossard, John W.	Fort Wayne	Allen
Boswell, Robert W. C.	Evansville	Vanderburgh
Botkin, Charles L. (S)	Hollywood, Fla.	Delaware-Blackford
Botkin, Charles T.	Muncie	Delaware-Blackford
Botkin, Clyde G.	Muncie	Delaware-Blackford
Bowdoin, George E. (S)	Elkhart	Elkhart
Bowen, Gerald T.	Lawrenceburg	Dearborn-Ohio
Bowen, Otis R.	Bremen	Marshall
Bower, Richard E.	Fort Wayne	Allen
Bowers, Charles R.	Anderson	Madison
Bowers, Copeland C.	Kokomo	Howard
Bowers, Gah T.	Fort Wayne	Allen
Bowers, Garvey B.	Kokomo	Howard
Bowers, George W.	Fort Wayne	Allen
Bowers, John A.	Kokomo	Howard
Bowers, Jesse W. (S)	Fort Wayne	Allen
Bowman, Leon	New Albany	Floyd
Bowser, Philip G.	Goshen	Elkhart
Boxell, John F.	Indianapolis	Marion
Boyce, Paul A.	Indianapolis	Marion
Boyd, H. Clark	Terre Haute	Vigo
Boyer, Don W.	Lebanon	Boone
Boyer, Floyd A.	Indianapolis	Marion
Boyer, Grace B.	Marion	Grant
Boyle, Carroll L.	Evansville	Vanderburgh
Boys, Fay F.	East Chicago	Lake
Boze, Robert L.	Berne	Adams
Bradley, Louis F.	Bluffton	Wells
Bradley, Richard V.	Kokomo	Howard
Brady, Kingdon	West Lafayette	Tippecanoe
Brady, Thomas A.	Indianapolis	Marion
Brakel, Frank J., Jr.	Evansville	Vanderburgh
Branam, George E.	Muncie	Delaware-Blackford
Branco, Arthur M.	Munster	Lake
Brand, Anna	Calumet City, Ill.	Lake
Brandman, Harry	Gary	Lake
Brandt, William E.	Fort Wayne	Allen
Brantly, James A.	Indianapolis	Marion
Brasovan, S.	Mineral Wells, Texas	Lake
Brauer, Abraham A.	Westville	La Porte
Braun, Benjamin D.	East Chicago	Lake
Braun, Stephen E.	Muncie	Delaware-Blackford
Braunlin, Earl A.	Fort Wayne	Allen
Braunlin, Robert J.	Fort Wayne	Allen
Brayton, Lee	Indianapolis	Marion
Brechtl, Harvey J.	South Bend	St. Joseph
Brennan, Bess B.	Hammond	Lake
Brennan, William C.	Whiting	Lake
Brenner, Howard B.	Munster	Lake
Bretz, John M.	Huntingburg	Dubois
Brewer, David H.	Columbus	Bartholomew-Brown
Brewer, Robert A.	Logansport	Cass
Brickley, Harry D.	Indianapolis	Marion
Brickley, Richard A.	Indianapolis	Marion
Bridge, Barton C.	Lafayette	Tippecanoe
Bridges, Alvin L.	Anderson	Madison
Bridges, William L.	Fort Wayne	Allen
Briggs, Robert W.	Indianapolis	Marion
Brill, Joseph B.	Jeffersonville	Clark
Brillhart, James R.	Indianapolis	Marion
Brincko, John	Gary	Lake
Brissenden, Reynolds B.	Indianapolis	Marion
Bristol, Henry M. S.	Terre Haute	Vigo
Britt, Robert L.	Evansville	Vanderburgh
Britton, Welbon D.	Montezuma	Parke-Vermillion
Brock, Joseph T.	New Castle	Henry
Brockman, Wilfred J.	Corydon	Harrison-Crawford
Brockmole, Arnold W.	Evansville	Vanderburgh
Broderdsen, James D.	Munster	Lake
Brodie, Donald W.	Indianapolis	Marion
Brogan, Thomas M.	Indianapolis	Marion
Bromley, Luman W.	Fort Wayne	Allen
Bronson, Paul J. (S)	Terre Haute	Vigo
Brooks, Fred R., Jr.	Indianapolis	Marion
Broomes, Edward L. C.	East Chicago	Lake
Broshears, Kenneth P.	Linton	Greene
Brosius, Robert H. W.	Fort Wayne	Allen
Brough, A. Kathleen	Indianapolis	Marion
Brown, Archie E.	Indianapolis	Marion
Brown, David E.	Indianapolis	Marion
Brown, DeWitt W.	Indianapolis	Marion
Brown, Earl E.	Greenwood	Marion
Brown, Earl R., Jr.	Indianapolis	Marion
Brown, Frances T. (S)	Indianapolis	Marion
Brown, Frank M.	Indianapolis	Marion
Brown, Frederic W.	Fort Wayne	Allen
Brown, Garland R.	Fort Wayne	Allen
Brown, George E.	Greenwood	Johnson
Brown, Gordon T.	Indianapolis	Marion
Brown, James R.	Valparaiso	Porter
Brown, John S. (S)	Carlisle	Sullivan
Brown, Kenneth H.	New Albany	Floyd
Brown, Leland G.	Muncie	Delaware-Blackford
Brown, Leo R.	Gary	Lake
Brown, Marcel S.	Spencer	Owen-Monroe
Brown, Richard J.	Kokomo	Howard
Brown, Robert L.	Evansville	Vanderburgh
Brown, Robert M.	Marion	Grant
Brown, Robert R.	Terre Haute	Vigo
Brown, Stewart D.	Albany	Delaware-Blackford
Brown, Thomas M.	Muncie	Delaware-Blackford

Name	City	County
Brown, Wendell E.	Indianapolis	Marion
Browning, James S.	Indianapolis	Marion
Browning, William M.	Nineveh	Marion
Brownley, E. Jane	Indianapolis	Marion
Brubaker, Harold S.	Huntington	Huntington
Brubeck, Robert E.	Martinsville	Morgan
Bruce, Reginald A.	Indianapolis	Marion
Brucker, Perry A.	Fort Wayne	Allen
Brueckmann, F. Robert	Indianapolis	Marion
Bruegge, Theodore J.	Kokomo	Howard
Bruetsch, Walter L. (S)	Santa Barbara, Calif.	Marion
Bryan, Franklin A.	Fort Wayne	Allen
Bryan, Robert E.	Kendallville	Noble
Bryan, Stanton L.	Evansville	Vanderburgh
Bryant, Edward G.	East Chicago	Lake
Buchanan, Wallace D.	South Bend	St. Joseph
Buchman, Marshall H.	New Albany	Floyd
Buckingham, Richard E.	Bloomington	Owen-Monroe
Buckingham, Richard E., Jr.	Indianapolis	Marion
Buckles, David L.	Anderson	Madison
Buckner, George D.	Fort Wayne	Allen
Buckner, Joy F. (S)	Bluffton	Wells
Buehl, Frederick H.	Indianapolis	Marion
Buehl, Isabelle A.	Indianapolis	Marion
Buehler, George M.	Jeffersonville	Clark
Buechler, William F.	Elwood	Madison
Buechner, Frederick W.	South Bend	St. Joseph
Buehner, Donald F.	Evansville	Vanderburgh
Buell, Forrest R.	Clay City	Clay
Bugh, Charles W.	Anchorage, Alaska	Marion
Buhrmester, Harry C.	Lafayette	Tippecanoe
Bullard, Harland R.	Indianapolis	Marion
Bullers, Robert C.	Franklin	Johnson
Bullington, George E.	Whiteland	Johnson
Bundy, Vernon	New Albany	Floyd
Bunker, Ladoska Z.	North Manchester	Wabash
Burcham, James B.	Madison	Jefferson-Switzerland
Burdette, Harold F.	Indianapolis	Marion
Burger, Thomas C.	Evansville	Vanderburgh
Burghard, Rolla D.	Indianapolis	Marion
Burk, James M.	Decatur	Adams
Burket, Cecil R.	Bremen	Marshall
Burkhardt, Boyd A.	Tipton	Tipton
Burkle, Robert J.	Terre Haute	Vigo
Burnes, Keith C.	Lebanon	Boone
Burnett, Arthur B.	New Castle	Henry
Burnett, Paul C.	Logansport	Cass
Burnikel, Ray H.	Evansville	Vanderburgh
Burns, John T.	Lafayette	Tippecanoe
Burns, Paul E.	Montpelier	Delaware-Blackford
Burns, Winton H.	Ft. Rucker, Ala.	Henry
Burt, Michael	Indianapolis	Marion
Burwell, Stanley W.	Muncie	Delaware-Blackford
Bush, Charles E.	Kirklin	Clinton
Bush, Edward R.	Anderson	Madison
Bush, Hargis R. (S)	Cannelton	Perry
Bush, Jack A.	Lafayette	Tippecanoe
Bush, Robert	Columbus	Bartholomew-Brown
Buslee, Roger M.	South Bend	St. Joseph
Bussard, Frank W.	South Bend	St. Joseph
Butler, John O.	Indianapolis	Marion
Butler, Robert M.	Indianapolis	Marion
Butts, Milton A.	South Bend	St. Joseph
Butz, Ralph O.	Muncie	Delaware-Blackford
Byllesby, Joyce E.	Crawfordsville	Montgomery
Byrd, Ryland P.	Jeffersonville	Clark
Byrn, Howard W. (S)	San Pierre	Benton
Byrne, Louis	Bloomington	Owen-Monroe
Byrne, Robert J.	Bicknell	Knox

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Name	City	County
Cabigas, Jose S.	Richmond	Wayne-Union
Cabrera, Pelayo B.	Gary	Lake
Cadiente, Samson S.	Indianapolis	Marion
Cagle, Bob R.	New Palestine	Hancock
Cahn, Hugo M. (S)	Indianapolis	Marion
Cahn, Peter H.	Indianapolis	Marion
Cahue, Antonio R.	Gary	Lake
Cain, David R.	New Castle	Henry
CaJacob, Melville E.	Terre Haute	Vigo
Caldwell, Marilyn R.	Indianapolis	Marion
Caldwell, Milton V.	Terre Haute	Vigo
Caldwell, Richard B.	Marion	Grant
Calhoon, John P.	Indianapolis	Hendricks
Calisto, Ruben A.	Logansport	Cass
Callaghan, Winship C.	Greensburg	Decatur
Calli, Louis J.	North Vernon	Jackson-Jennings
Calvert, Raymond R. (S)	Lafayette	Tippecanoe
Camacho, Ernesto M.	Chandler	Warrick
Cameron, Don F. (S)	Angola	Steuben
Campagna, Ettor A.	East Chicago	Lake
Campbell, Frank	Anderson	Madison
Campbell, H. Edwin, Jr.	Indianapolis	Marion
Campbell, John A.	Indianapolis	Marion
Campbell, Patrick B.	Elkhart	Elkhart
Campbell, Richard W.	Indianapolis	Marion
Campbell, Robert L.	Indianapolis	Marion
Campbell, Sam W.	New Castle	Henry
Campbell, William T.	Bloomington	Owen-Monroe
Cannon, Daniel H.	New Albany	Floyd
Cantwell, Edgar R.	Vincennes	Knox
Caplin, Irvin	Indianapolis	Marion
Caplin, Samuel S.	Indianapolis	Marion
Caputi, Saverio	Indianapolis	Marion
Carberry, George A.	Gary	Lake
Carbone, Joseph A.	Gary	Lake
Card, William H.	Indianapolis	Marion
Carey, J. Albert	Gary	Lake
Carlberg, Dale L.	Jeffersonville	Clark
Carlo, Ernest R. (S)	Fort Wayne	Allen
Carlson, Milton R.	Portage	Porter
Carlson, Ralph F.	Evansville	Vanderburgh
Carmody, Raymond F.	Gary	Lake
Carney, Joel T. (S)	Jeffersonville	Clark
Carpenter, Bennie F.	Merrillville	Lake
Carpenter, Donald J.	Terre Haute	Vigo
Carpenter, James B.	Lafayette	Tippecanoe
Carpenter, Ramesh S.	Garrett	DeKalb
Carpenter, Robert S.	W. Lafayette	Tippecanoe
Carpentier, James R.	La Porte	La Porte
Carr, Joseph H.	Henryville	Clark
Carrel, Francis E.	Frankfort	Clinton
Carroll, Bertha Rose	W. Lafayette	Tippecanoe
Carroll, John C.	Decatur	Adams
Carroll, Mary E.	Merrillville	Lake
Carson, Wayne	Indianapolis	Marion
Carter, Eunice M.	Noblesville	Hamilton
Carter, F. R. N. (S)	South Bend	St. Joseph
Carter, Fred S.	La Porte	La Porte
Carter, James E.	Indianapolis	Marion
Carter, Jean V. (S)	Tipton	Tipton
Carter, John O.	Hobart	Lake
Cartwright, Glen W.	Lafayette	Tippecanoe
Carty, Charles B.	Pekin	Washington
Casey, Stanley M. (S)	Huntington	Huntington
Cassady, James V. (S)	South Bend	St. Joseph
Cassady, John R.	South Bend	St. Joseph
Cassim, Rechad M.	Elkhart	Elkhart

Name	City	County
Cast, William R.	Fort Wayne	Allen
Castro, Ignacio B., Jr.	Scottsburg	Scott
Cates, Jeryl R.	Indianapolis	Vanderburgh
Cattell, Lee M.	Kokomo	Howard
Caudill, Rodney C.	Anderson	Madison
Cavins, Alexander W.	Terre Haute	Vigo
Caylor, Charles H.	Bluffton	Wells
Caylor, Harold D.	Bluffton	Wells
Caylor, Truman E.	Bluffton	Wells
Cespedes, Carlos A.	Griffith	Lake
Chael, Thomas C.	Munster	Lake
Chaiman, William B.	Evansville	Vanderburgh
Chamberlain, Donald S.	South Bend	St. Joseph
Chambers, Alan R.	Fort Wayne	Allen
Chambers, Carol R.	Union City	Randolph
Chambers, Leroy B.	Union City	Randolph
Chan, John T.	Marion	Grant
Chandler, Leon H.	Goshen	Elkhart
Chandler, Leon H., Jr.	Indianapolis	Marion
Chapman, William E.	Evansville	Vanderburgh
Chappel, Alfred T.	Franklin	Johnson
Charles, Sara C.	Notre Dame	St. Joseph
Chase, James A.	Fort Wayne	Allen
Chattin, Herbert O.	Vincennes	Knox
Chattin, Robert E.	Loogootee	Daviess-Martin
Chattin, William R.	Indianapolis	Marion
Chattin, Vance J.	Washington	Daviess-Martin
Chau, Andrew Y. S.	Terre Haute	Vigo
Chavez, Mauro E.	Indianapolis	Marion
Cheesman, Donald D.	Danville	Hendricks
Chen, Ko K. (S)	Indianapolis	Marion
Cheng, Sylvia F.	Walton	Cass
Chernish, Stanley M.	Indianapolis	Marion
Chevalier, Robert B.	Indianapolis	Marion
Childs, Wallace E.	Madison	Jefferson-Switzerland
Chip, Jerald N.	Gary	Lake
Chivington, Paul V.	Indianapolis	Marion
Choslovsky, Sydney	Gary	Lake
Chremos, A. N.	Richmond, Va.	Vanderburgh
Christie, Marvin C.	Beech Grove	Marion
Christophel, Verna A.	Mishawaka	St. Joseph
Chroniak, Walter	Indianapolis	Marion
Chu, Johnson C. S.	Logansport	Cass
Chube, David D.	Gary	Lake
Church, Robert A.	Munster	Lake
Clark, Edward E.	Indianapolis	Marion
Clark, George A.	Indianapolis	Marion
Clark, Ivan A.	Paoli	Orange
Clark, Jack P.	Syracuse	Elkhart
Clark, Lawson J.	Indianapolis	Marion
Clark, Lintner E.	Muncie	Delaware-Blackford
Clark, Robert M.	Muncie	Delaware-Blackford
Clark, Thomas W.	Evansville	Vanderburgh
Clark, William B., Jr.	Jeffersonville	Clark
Clark, William H.	South Bend	St. Joseph
Clark, William R., Jr.	Fort Wayne	Allen
Clark, William R.	Fort Wayne	Allen
Clarkson, Clarence G.	Richmond	Wayne-Union
Classen, Pete R. C.	Elkhart	Elkhart
Clay, Eleanor	Columbus	Bartholomew-Brown
Clevinger, William G.	Indianapolis	Marion
Cline, Donald L.	Peru	Marion
Cline, Kenneth L.	Wyatt	St. Joseph
Close, Frederick W.	Fort Wayne	Allen
Close, Gerald A.	Rhodesia, Africa	Marion
Close, W. Donald	Indianapolis	Marion
Clouse, Paul A.	Evansville	Vanderburgh
Clunie, William A.	Huntington	Huntington
Coates, Jacqueline	Indianapolis	Marion
Coats, Eli A.	Indianapolis	Hendricks
Cobb, Clarence M.	Indianapolis	Marion
Coble, Frank H.	Richmond	Wayne-Union
Cochran, Harry A., Jr.	Fort Wayne	Allen
Cockrell, D. Kete	Beech Grove	Marion
Cockrum, William M.	Evansville	Vanderburgh
Coddens, Avery L.	Earl Park	Benton
Coffel, Melvin H.	Vincennes	Knox
Cofield, Donald D.	Bloomington	Owen-Monroe
Coggeshall, Warren E.	Indianapolis	Marion
Cohen, Hyman	Gary	Lake
Cohen, Irving	Plainfield	Hendricks
Cohn, Alvin F.	Greenwood	Marion
Cole, Ira (S)	Lafayette	Tippecanoe
Cole, Larry G.	Yorktown	Delaware-Blackford
Coleman, Floyd B.	Waterloo	DeKalb
Coleman, Henry G.	Salem	Washington
Coleman, Joseph E.	Evansville	Vanderburgh
Colip, George D.	South Bend	St. Joseph
Colligan, Francis X.	Topeka	LaGrange
Collins, Hubert L.	Indianapolis	Marion
Collins, Jack T.	Bluffton	Wells
Collins, Robert C.	Indianapolis	Marion
Colvin, Robert C.	Newburgh	Warrick
Combs, Daniel	Vincennes	Knox
Combs, Herman T.	Evansville	Vanderburgh
Combs, John H. (S)	Evansville	Vanderburgh
Combs, Stuart R.	Terre Haute	Vigo
Comeau, William J.	Marion	Grant
Comer, Kenneth E.	Mooresville	Morgan
Compton, George L.	Tipton	Tipton
Compton, Walter A.	Elkhart	Elkhart
Conklin, James O.	Terre Haute	Vigo
Conklin, Raymond L. (S)	Elkhart	Elkhart
Conley, John E. (S)	Fort Wayne	Allen
Conley, Joseph L. (S)	Indianapolis	Marion
Conley, Thomas M.	Kokomo	Howard
Connell, Vactor O.	Bourbon	Marshall
Connelly, Jerry H.	Fort Wayne	Allen
Connelly, Richard D.	Fort Wayne	Allen
Connerley, Marion L.	Terre Haute	Vigo
Connoy, Leo F.	Westfield	Hamilton
Conrad, Everett L.	Brazil	Clay
Conrad, Henry W.	Lawrenceburg	Dearborn-Ohio
Conway, Chester C.	Indianapolis	Marion
Conway, Glenn	Indianapolis	Marion
Conway, Thomas J.	Terre Haute	Vigo
Cook, Gordon C.	South Bend	St. Joseph
Cook, Ian H.	South Africa	Allen
Cook, Melvin D.	New Albany	Floyd
Cook, Robert G.	Bluffton	Wells
Cook, Thomas	Evansville	Vanderburgh
Cookson, Lawrence U.	Indianapolis	Marion
Cooley, Paul P.	Yorktown	Delaware-Blackford
Cooney, Charles J.	Fort Wayne	Allen
Coons, John D. (S)	Lebanon	Boone
Coons, Ritchie	Lebanon	Boone
Cooper, B. Trent	Roanoke	Huntington
Cooper, John F.	Muncie	Delaware-Blackford
Cooper, Leo K.	Gary	Lake
Cooper, Waller W.	Evansville	Vanderburgh
Cope, Stanton E.	Huntington	Huntington
Corcoran, Patrick J. V.	Evansville	Vanderburgh
Cormican, Herbert L.	Elkhart	Elkhart
Cornacchione, Matthew	Indianapolis	Marion
Corpe, Kenneth F.	Rushville	Rush
Corrao, Gaetano	Gary	Lake
Corrao, Thomas J.	Jeffersonville	Clark
Cortese, James V.	Indianapolis	Marion
Cortese, Thomas A., Jr.	Indianapolis	Marion
Cortese, Thomas A.	Indianapolis	Marion
Cosio, Julio	Jeffersonville	Clark
Costello, Albert J.	Munster	Lake
Costin, Robert L.	Indianapolis	Marion

Name	City	County
Cotter, Edward R.	Hammond	Lake
Cottrell, Robert F.	Fort Wayne	Allen
Coughenour, J. Robert	Indianapolis	Marion
Countryman, Frank W.	Indianapolis	Marion
Coursey, James O., Jr.	Argos	Marshall
Covalt, Wendell E.	Muncie	Delaware-Blackford
Covell, Harry M.	Auburn	DeKalb
Covey, Thomas J.	Valparaiso	Porter
Cox, Alfred C.	South Bend	St. Joseph
Cox, J. Bruce	Evansville	Vanderburgh
Cox, Larry	Evansville	Vanderburgh
Cox, Leon T.	Richmond	Wayne-Union
Coyner, Alfred B. (S)	Lafayette	Tippecanoe
Craft, Kenneth L. (S)	Indianapolis	Marion
Craig, Alexander F.	Indianapolis	Marion
Craig, Harry L.	Huntingburg	Dubois
Craig, Reuben	Kokomo	Howard
Craig, Richard M.	Fort Wayne	Allen
Craig, Robert A.	Syracuse	Elkhart
Crates, Gordon C.	Denver	Miami
Crawford, James H.	Evansville	Vanderburgh
Crawford, John A.	Indianapolis	Marion
Crawford, Theodore R.	Kokomo	Howard
Creek, Jean A.	Bloomington	Owen-Monroe
Crevello, Albert J.	Evansville	Vanderburgh
Crimm, Paul D.	Evansville	Vanderburgh
Cripe, Earl P.	Bremen	Marshall
Cripe, William H.	Portland	Jay
Crise, John R.	Portage	Porter
Crist, John R.	Mt. Vernon	Posey
Cristee, James W.	Terre Haute	Vigo
Crockett, Wayne A.	Terre Haute	Vigo
Cron, William J.	Carmel	Marion
Cronin, H. Joseph	Indianapolis	Marion
Crosby, Reid C.	Bedford	Lawrence
Cross, David G.	Indianapolis	Marion
Crossin, James A.	Indianapolis	Marion
Crouse, Ben E.	Mulberry	Tippecanoe
Crowder, James H.	Sullivan	Sullivan
Crudden, Charles H.	Evansville	Vanderburgh
Crum, Marion M.	Angola	Steuben
Cuff, Steve C.	Fort Wayne	Allen
Culbertson, Clyde G.	Indianapolis	Marion
Cullen, P. Kent, Jr.	Santa Barbara, Calif.	Marion
Cullison, John L.	Muncie	Delaware-Blackford
Cullnane, Chris W.	Evansville	Vanderburgh
Culp, John E.	Fort Wayne	Allen
Cumming, James R.	Indianapolis	Marion
Cummins, Douglas F.	Indianapolis	Marion
Cunningham, Robert D.	Marion	Grant
Cure, Charles W.	Indianapolis	Marion
Cure, Elmer T.	Muncie	Delaware-Blackford
Curiel, Hector J.	Richmond	Wayne-Union
Currie, Robert W.	Indianapolis	Marion
Curry, R. Louis	Indianapolis	Marion
Curtner, Myron L. (S)	Vincennes	Knox
Cusick, James A.	Indianapolis	Marion
Cuthbert, Marvin P.	Indianapolis	Marion
Czenkusch, Helen G.	Indianapolis	Marion

D

Name	City	County
Dacquisto, Michael P.	Zionsville	Marion
Daggy, James R.	Richmond	Wayne-Union
Dahling, Clemens W.	New Haven	Allen
Dahling, Fred W.	New Haven	Allen
Dainko, Alfred J.	East Chicago	Lake
Daley, Edward H.	Indianapolis	Marion
Dallas, Fred R.	Indianapolis	Marion
Dallas, Mary E.	Indianapolis	Marion
Dalton, Naomi L.	Bloomington	Owen-Monroe
Dalton, William W.	Indianapolis	Marion
Dalton, Wilson L.	Shelbyville	Shelby
Daly, Joseph M.	Indianapolis	Marion
Daniel, John C. (S)	Laguna Hills, Calif.	Marion
Daniel, Robert A.	Gary	Lake
Dannacher, William D.	Wabash	Wabash
Darbro, David A.	Indianapolis	Marion
Darling, Dorothy R.	Gary	Lake
Das, Amal K.	Kokomo	Howard
Datzman, Basil J.	La Porte	La Porte
Datzman, Richard C.	Fort Wayne	Allen
Daugherty, Forest D.	Columbus	Bartholomew-Brown
Daugherty, Fred N. (S)	Crawfordsville	Montgomery
Dauscher, Dean D.	Fort Wayne	Allen
David, George J.	Muncie	DeKalb
Davidoff, Manuel A.	Fort Wayne	Allen
Davidson, Charles O.	Gary	Lake
Davidson, Dale A.	Indianapolis	Marion
Davidson, Harold H.	Evansville	Vanderburgh
Davidson, N. Cort	Indianapolis	Marion
Davis, Bennie L.	Indianapolis	Marion
Davis, Carl M. (S)	Valparaiso	Porter
Davis, Claude E.	Angola	Steuben
Davis, Edward A.	South Bend	St. Joseph
Davis, Grayson B.	Lafayette	Tippecanoe
Davis, Howard B.	Lafayette	Tippecanoe
Davis, John A.	Flat Rock	Shelby
Davis, Joseph B.	Marion	Grant
Davis, Kenneth D.	Evansville	Vanderburgh
Davis, Larry M.	Indianapolis	Marion
Davis, Margaret M.	Indianapolis	Marion
Davis, Marvin R.	Columbus	Bartholomew-Brown
Davis, Merrill S. (S)	Marion	Grant
Davis, Paul E.	Terre Haute	Vigo
Davis, Sam J.	Indianapolis	Marion
Day, William D. C.	Seymour	Jackson-Jennings
Dayson, Louie O.	Vincennes	Knox
Deal, Eleanor H.	Speedway City	Marion
Dean, Donald I.	Rushville	Rush
Deanovic, Frank W.	Richmond	Wayne-Union
Dearmin, Robert M. (S)	Indianapolis	Marion
DeArmond, Murray (S)	Indianapolis	Marion
DeArmond, Murray M., Jr.	Tucson, Ariz.	Marion
De Bois, Elon	Gary	Lake
DeBrota, John, Jr.	Indianapolis	Marion
Decatur, David R.	Indianapolis	Marion
Deery, Michael F.	Culver	Marshall
Deever, John W.	Indianapolis	Marion
DeFries, John J.	New Paris	Elkhart
DeGrazia, Eugene J.	Valparaiso	Porter
DeJesus, Jose R., Jr.	Plymouth	Marshall
Dehner, John R.	Richmond	Wayne-Union
Deitch, Robert D.	Indianapolis	Marion
de la Cotera, Frederick G.	Munster	Lake
DeMelo, Luiz P.	Gary	Lake
DeMotte, C. Bowen (S)	Greenwood	Marion
DeNaut, James F.	Knox	Starke
Denham, Robert H.	South Bend	St. Joseph
Denny, Forrest L.	Indianapolis	Marion
Denny, James W.	Indianapolis	Marion
Denny, Melvin H.	Anderson	Madison
Denton, Larkin D.	Greentown	Howard
Denzer, Edward K.	Evansville	Vanderburgh
Denzer, William O.	Evansville	Vanderburgh
Deogracias, Francisco D.	Edinburg	Johnson
DePorter, Louis A.	Munster	Lake
Deppe, Charles F.	Franklin	Johnson
Derhammer, George L.	Brookston	Tippecanoe
Dersch, David M.	Muncie	Delaware-Blackford

Name	City	County
Dester, Herbert E. (S)	Berne	Adams
Dettloff, Frederick R.	Greencastle	Putnam
Dettmer, Robert W.	Homewood, Ala.	Marion
Deupree, William D.	Shelbyville	Shelby
Deur, Julius J.	Lafayette	Tippecanoe
Devetski, Robert L.	South Bend	St. Joseph
DeVoe, Kenneth R.	South Bend	St. Joseph
DeWees, Dwight L.	Indianapolis	Marion
DeWester, Gerald M.	Indianapolis	Marion
Diamond, Jack L.	Evansville	Vanderburgh
Dian, August J.	Logansport	Cass
Dickerson, W. Martin	Monticello	White
Dickson, Carolyn L.	Indianapolis	Marion
Dickson, Dale D.	Greensburg	Decatur
Dieckman, Herbert S.	Evansville	Vanderburgh
Dierdorf, Fred W.	Terre Haute	Vigo
Dierolf, Edward J.	Gary	Lake
Dieter, William J. (S)	Westville	La Porte
Dietl, Ernest L.	South Bend	St. Joseph
Dietz, David J.	Muncie	Delaware-Blackford
Dill, Charles W.	Beech Grove	Marion
Dill, Myron K.	Indianapolis	Marion
Dillman, Carl E.	Corydon	Harrison-Crawford
Dillon, John F.	Indianapolis	Marion
Dilts, Robert L.	Indianapolis	Marion
Dimailig, Gregorio H.	East Chicago	Lake
Dimitroff, Lambro	Calumet City, Ill.	Lake
Dimmett, James D.	Vienna, Va.	Warrick
Dingle, Paul E.	Richmond	Wayne-Union
Dingley, Albert F.	South Bend	St. Joseph
Dininger, William S. (S)	Winchester	Randolph
Dintaman, Paul G.	Indianapolis	Marion
Dirks, Kenneth R.	Washington, D.C.	Marion
Disney, Charles T.	Gary	Lake
Dittmer, Jack E.	Valparaiso	Porter
Dittmer, Thomas L.	Valparaiso	Porter
Dixon, Rex W.	Anderson	Madison
Dizon, Belen R.	Hammond	Lake
Dizon, Gualberto R., Jr.	East Chicago	Lake
Doan, John E.	Decatur	Adams
Dodd, Robert D.	South Bend	St. Joseph
Dodd, Roberts K.	Evansville	Vanderburgh
Dodds, James U.	Hartford City	Delaware-Blackford
Dodds, Wemple	Crawfordsville	Montgomery
Doenges, James L.	Anderson	Madison
Doermann, Paul E.	Huntington	Huntington
Doherty, Raymond J.	Merrillville	Lake
Dolan, Patrick A.	Indianapolis	Marion
Doles, Ted S.	Middletown	Madison
Dolezal, Bernard J.	South Bend	St. Joseph
Domingo, Ricardo C.	Greensburg	Decatur
Donahue, Francis E.	Dublin	Henry
Donahue, George R.	Lafayette	Tippecanoe
Donahue, James M.	Indianapolis	Marion
Donaldson, Frank C.	Anderson	Madison
Donaldson, Miles W.	Marion	Grant
Donato, Albert M.	Indianapolis	Marion
Donchess, Joseph C.	Gary	Lake
Donesa, Antonio B.	Fort Wayne	Allen
Doneff, Ronald H.	Gary	Lake
Donnally, George A.	Geneva	Jay
Donnelly, Everett F.	South Bend	St. Joseph
Donnelly, Robert W.	Indianapolis	Marion
Doran, J. Hal	Indianapolis	Marion
Dorrance, Thomas O.	Bluffton	Wells
Doss, Jerome F.	Kokomo	Howard
Doughty, Samuel R., Jr.	Indianapolis	Marion
Douglas, William T.	Indianapolis	Marion
Doumanian, Heratch O.	Gary	Lake
Dovey, Edward G.	Elkhart	Elkhart
Dowd, Joseph A.	Indianapolis	Marion
Dowell, Emil H. (S)	Rockville	Parke-Vermillion
Downer, Luther H.	Evansville	Vanderburgh
Downs, Kenneth R.	East Chicago	Lake
Dragomer, Andrei S.	Hammond	Lake
Dragoo, John R.	Wabash	Wabash
Drake, Dale W.	Evansville	Vanderburgh
Drake, Ellery T.	Martinsville	Morgan
Drake, James R.	Anderson	Madison
Drake, John C.	Anderson	Madison
Drake, Marion C.	Elwood	Madison
Drennen, Robert V.	Anderson	Madison
Dreyer, Ralph W.	Richmond	Wayne-Union
Drummy, William W.	Terre Haute	Vigo
Dryden, Gale E.	Indianapolis	Marion
Dublin, Madeline P.	Francesville	Tippecanoe
DuBois, Charles C. (S)	Warsaw	Kosciusko
DuBois, Ramon B.	Lafayette	Tippecanoe
Ducanes, Arnold D.	Greensburg	Decatur
Dudgeon, Charles A.	Hartford City	Delaware-Blackford
Duffy, James O.	Muncie	Delaware-Blackford
Dugan, John R.	Indianapolis	Marion
Dugan, Thomas	Columbus	Bartholomew-Brown
Dugan, William M., Jr.	Indianapolis	Marion
Dukes, Betty	Dugger	Sullivan
Dukes, David J.	Corydon	Harrison-Crawford
Dukes, Joe	Dugger	Sullivan
Dulin, Basil B.	Anderson	Madison
Dumanian, Ara V.	East Chicago	Lake
Dunbar, Fred E.	Marion	Grant
Duncan, John S. (S)	Gary	Lake
Duncan, Raymond	Bedford	Lawrence
Duncan, Stuart J.	Indianapolis	Marion
Duncan, William A.	Indianapolis	Marion
Dunham, Henry H.	Wabash	Wabash
Dunkin, Ramon S.	Indianapolis	Marion
Dunlap, D. Logan	South Bend	St. Joseph
Dunn, Latimer E.	Sullivan	Sullivan
Dunning, Preston M.	East Chicago	Lake
Dunning, Thomas W.	Muncie	Delaware-Blackford
Dunstone, Harry C.	Fort Wayne	Allen
Dupler, Lee F.	Frankfort	Clinton
Duque, Fausto	Jeffersonville	Clark
Durham, Lowell J.	La Porte	La Porte
Durham, Thomas E.	Elkhart	Elkhart
Durkee, Melvin S.	Evansville	Vanderburgh
Dusard, Joseph C.	Bedford	Lawrence
DuSold, Donald D.	Merrillville	Lake
Dutchman, William R.	Muncie	Delaware-Blackford
Dyar, Edwin W.	Indianapolis	Marion
Dyar, Robert W.	Indianapolis	Marion
Dycus, Walter A.	Evansville	Vanderburgh
Dye, Cloyd L.	New Castle	Henry
Dye, William E.	Oakland City	Gibson
Dyer, George W.	Terre Haute	Vigo
Dyer, Wallace K.	Evansville	Vanderburgh
Dyke, Richard W.	Indianapolis	Marion
Dyken, Mark L.	Indianapolis	Marion
Dykhuizen, Theodore A.	Frankfort	Clinton
Dziabis, Marvin D.	North Manchester	Wabash

E

Eades, R. Charles	South Bend	St. Joseph
Earl, Max M.	Kokomo	Howard
Earp, Evanson B. (S)	Indianapolis	Marion
Easter, James N.	New Castle	Henry
Eastman, Joseph R., Jr.	Indianapolis	Marion
Eaton, Edwin R.	Indianapolis	Marion

Name	City	County
Eaton, Lyman D.	Indianapolis	Marion
Eaton, Marion J.	Lafayette	Tippecanoe
Ebbinghouse, Tom	Richmond	Wayne-Union
Ebert, J. Wayne (S)	Indianapolis	Marion
Ebin, Judah L.	Evansville	Vanderburgh
Echeverria, Rodolfo E.	Elkhart	Elkhart
Echsner, Herman J.	Columbus	Bartholomew-Brown
Echt, Charles R.	Indianapolis	Marion
Eckert, Russell A.	Logansport	Cass
Edmonds, Kendrick	Bedford	Lawrence
Edwards, Bernard E.	South Bend	St. Joseph
Edwards, Henry G.	Terre Haute	Vigo
Edwards, J. Robert	Auburn	DeKalb
Edwards, Joshua L.	Indianapolis	Marion
Edwards, Judith Ann	Indianapolis	Marion
Edwards, William F.	New Albany	Floyd
Edwards, Wendell L.	Indianapolis	Marion
Egan, Sherman L.	South Bend	St. Joseph
Egbert, Herbert L.	Indianapolis	Marion
Egger, Ross L.	Daleville	Delaware-Blackford
Eggers, Ernest L. (S)	Hammond	Lake
Eggers, Henry W.	Munster	Lake
Eggers, Richard R.	Crawfordsville	Montgomery
Egnatz, Charles D.	Schererville	Lake
Egnatz, Nicholas	Hammond	Lake
Eicher, Palmer O.	Indianapolis	Marion
Eiler, Paul A.	North Manchester	Wabash
Eisaman, Jack L.	Bluffton	Wells
Eisenberg, David A.	Martinsville	Morgan
Eldridge, Gail E.	Indianapolis	Marion
Elkins, James P.	Indianapolis	Marion
Elleman, John H.	Kokomo	Howard
Eller, Alvan L.	Flora	Delaware-Blackford
Ellett, John, Jr.	Coatesville	Putnam
Elliott, John T.	Indianapolis	Marion
Elliott, Paul W.	Lafayette	Tippecanoe
Elliott, Thomas A.	Elkhart	Elkhart
Elliott, William C.	Indianapolis	Marion
Ellis, Charles R.	Bloomington	Owen-Monroe
Ellis, David L.	Wabash	Wabash
Ellis, Davis W., Jr.	Rushville	Rush
Ellis, Forrest D.	Indianapolis	Jackson-Jennings
Ellis, George M.	Connersville	Fayette-Franklin
Ellis, Lyman H.	Lizton	Hendricks
Ellis, Seth W. (S)	Cincinnati, Ohio	Madison
Ellis, William N.	Indianapolis	Marion
Elshoff, Donald V.	Evansville	Vanderburgh
Elshout, Clem H.	La Porte	La Porte
Elsten, Aubrey W.	Anderson	Madison
Elston, Lynn W. (S)	Fort Wayne	Allen
Elston, Ralph W. (S)	Fort Wayne	Allen
Elward, Carl J.	Wabash	Wabash
Ely, Cecil W.	Jeffersonville	Clark
Emery, Charles B.	Bedford	Lawrence
Emery, Charles B., Jr.	Bloomington	Owen-Monroe
Emhardt, John T.	Indianapolis	Marion
Emme, Richard W.	Harlan	Allen
Encinas, Senen J.	English	Orange
Endicott, Wayne H.	Greenfield	Hancock
Engel, Edgar L.	Evansville	Vanderburgh
Engel, Howard R.	South Bend	St. Joseph
Engeler, James E.	Lafayette	Tippecanoe
English, Hubert M. (S)	Gary	Lake
English, John P.	South Bend	St. Joseph
Ensey, Philip L.	Terre Haute	Vigo
Entner, Charles L.	Dunkirk	Jay
Epps, James H.	Fort Wayne	Allen
Erdel, Milton W.	Frankfort	Clinton
Erehart, Mark G. (S)	Huntington	Huntington
Erhart, Herbert	Huntingburg	Dubois
Ericksen, Lester G. (S)	South Bend	St. Joseph
Erickson, Gustaf W.	South Bend	St. Joseph
Ericson, Harold L.	Windfall	Tipton
Ericson, Homer S.	Kokomo	Howard
Erwin, W. Robert	La Porte	La Porte
Eshelman, Henry R.	Monterey	Pulaski
Eskew, Kenneth W.	Sullivan	Sullivan
Esparza, Higinio S.	Indianapolis	Marion
Espindola, Emilio N.	Chicago, Ill.	Lake
Espino, Jose C.	Munster	Lake
Espy, Theodore R.	Gary	Lake
Estacio, Romeo Y.	Munster	Lake
Estes, Ambrose C.	Bloomington	Owen-Monroe
Eugenides, Tatiana	Highland	Lake
Evans, Daniel R.	Valparaiso	Porter
Evans, David L.	Lafayette	Tippecanoe
Evans, Frederick H.	Indianapolis	Marion
Evans, Frederick J.	Clinton	Parke-Vermillion
Evans, Paul V.	Indianapolis	Marion
Everly, Ralph V.	Indianapolis	Marion
Everly, Stephan S.	Seattle, Wash.	Marion
Eviston, John B. (S)	Huntington	Huntington
Ewing, Nathaniel D.	Vincennes	Knox

F

Name	City	County
Fadell, Matthew J.	Gary	Lake
Fadul, Armand	Merrillville	Lake
Failey, Robert B., Jr.	Indianapolis	Marion
Fajardo, Manuel	Ferdinand	Dubois
Farag, Rafik S.	Peru	Miami
Farahmand, Firouz	Portage	Porter
Fargher, Francis M.	Michigan City	La Porte
Farid, Rahim S.	Brazil	Clay
Farinas, Cirilo	Hammond	Lake
Faris, James V.	Indianapolis	Marion
Farmer, Charles R.	Washington	Daviess-Martin
Farner, James E.	Cleveland, Ohio	St. Joseph
Farnsworth, Samuel A.	La Porte	La Porte
Farquhar, John S., Jr.	Fort Wayne	Allen
Farr, James C.	Bloomington	Owen-Monroe
Farrell, George E.	Rensselaer	Jasper
Farrell, John J., Jr.	Greenfield	Hancock
Farrell, Joseph T.	Indianapolis	Marion
Farris, John J.	Washington	Daviess-Martin
Faul, Henry J.	Evansville	Vanderburgh
Faulkner, Donald J.	Culver	Marshall
Fausset, C. Basil	Indianapolis	Marion
Faust, Howard M., Jr.	Anderson	Madison
Faw, Melvin L.	Evansville	Vanderburgh
Fawcett, Kenneth J.	South Bend	St. Joseph
Fear, Olan D.	Elkhart	Elkhart
Fechtman, William F.	Indianapolis	Marion
Feeney, Martin T.	Indianapolis	Marion
Feferman, Martin E.	South Bend	St. Joseph
Feinberg, Irwin	East Chicago	Lake
Feinn, Harry S.	La Porte	La Porte
Feldman, Max	South Bend	St. Joseph
Feldner, Ronald P.	Munster	Lake
Fell, Robert M.	Rosedale	Parke-Vermillion
Fenneman, Robert J.	Evansville	Vanderburgh
Fenstermacher, Robert E.	Walkerton	St. Joseph
Ferguson, Arthur N. (S)	Fort Wayne	Allen
Ferguson, Donald H.	Anderson	Madison
Ferguson, Stephen C.	Evansville	Vanderburgh
Ferguson, William B.	Lafayette	Tippecanoe
Ferrara, Donald W.	Peru	Miami
Ferrara, Joseph F.	Franklin	Johnson
Ferrara, Samuel J.	Peru	Miami
Ferree, Mary M.	San Francisco, Calif.	Marion
Ferrell, Mars B.	Fortville	Madison

Name	City	County
Ferry, Francis A.	Indianapolis	Marion
Ferry, John L.	Hammond	Lake
Fessler, Gordon S.	Rising Sun	Dearborn-Ohio
Fetrow, Kenneth O.	Munster	Lake
Fiacable, Joseph P.	Fort Wayne	Allen
Fichman, Abraham M.	Fort Wayne	Allen
Fiederlein, Frederick J.	Muncie	Delaware-Blackford
Fields, Don C.	Lafayette	Tippecanoe
Fields, Donald L.	Kokomo	Howard
Fields, Max L.	Monticello	White
Filipek, Walter J.	South Bend	St. Joseph
Finfrock, James D.	Elkhart	Elkhart
Finneran, Joseph C.	Indianapolis	Marion
Fipp, August L.	Rome City	Noble
Firestein, Ben Z.	South Bend	St. Joseph
Firestein, Ray	South Bend	St. Joseph
Fisch, Charles	Indianapolis	Marion
Fischer, A. Alan	Indianapolis	Marion
Fischer, Burnell	Hammond	Lake
Fischer, Warren E.	Anderson	Madison
Fiscus, Clifford W.	Warsaw	Kosciusco
Fish, Clyde M. (S)	Edwardsburg, Mich.	St. Joseph
Fish, Edson C.	South Bend	St. Joseph
Fish, James C.	Logansport	Cass
Fisher, Gerald E.	Lebanon	Marion
Fisher, Henry	Marion	Grant
Fisher, John E.	New Castle	Henry
Fisher, Pierre J., Jr.	Marion	Grant
Fisher, Walter S. (S)	Columbus	Bartholomew-Brown
Fisher, William P.	Indianapolis	Marion
Fitzgerald, Brice E.	W. Lafayette	Tippecanoe
Fitzgerald, William J.	Indianapolis	Marion
Fitzkee, William E.	Albion	Noble
Fitzpatrick, H. W. (S)	Elwood	Madison
Fitzpatrick, James S.	Portland	Jay
Fitzpatrick, William J.	Munster	Lake
Flack, Russell A.	Woodland Hills, Calif.	Tippecanoe
Flaherty, Robert A.	Fort Wayne	Allen
Flanagan, Paul M.	Indianapolis	Marion
Flanders, Robert, Jr.	Indianapolis	Marion
Flanigan, Meredith B.	Indianapolis	Marion
Flannigan, Harley F.	LaGrange	LaGrange
Fleischer, Jacob C.	East Chicago	Lake
Fleischl, Herbert	Indianapolis	Marion
Flick, John J.	Indianapolis	Marion
Flora, Fred W.	Frankfort	Clinton
Flora, Joseph O.	Indianapolis	Marion
Florcruz, Arturo R.	Highland	Lake
Floyd, Malcolm S.	Vincennes	Knox
Foley, Hansel O.	South Bend	St. Joseph
Foley, Phillip D.	Middletown	Madison
Folkening, Norval C.	Indianapolis	Marion
Fong, Theodore C. C.	Madison	Jefferson-Switzerland
Forbes, Violet Crabbe	Wolcott	White
Forchetti, John A.	Chesterton	Porter
Forrest, O. Norman, Jr.	South Bend	St. Joseph
Forsee, Norman E.	Jeffersonville	Clark
Fortner, Ray E.	Columbus	Bartholomew-Brown
Fortuna, Frank W.	Beech Grove	Marion
Fosbrink, Ephraim L.	Syracuse	Elkhart
Fosgate, Harold L.	Indianapolis	Marion
Foster, John A.	Lafayette	Tippecanoe
Foster, Lee N.	Indianapolis	Marion
Foster, Lowell G.	Indianapolis	Marion
Foster, Ray D.	Indianapolis	Marion
Foster, Ray T.	New Castle	Henry
Foster, Robert H. K.	Franklin	Johnson
Fountaine, Thomas J.	Bedford	Lawrence
Fouts, Paul J.	Indianapolis	Marion
Fowler, R. Ross	Bloomington	Owen-Monroe
Fox, Jack M.	Munster	Lake
Fox, Richard F.	Lafayette	Tippecanoe
Foy, Thomas D.	Fort Wayne	Allen
Frable, Frank L., Jr.	Lawrenceburg	Dearborn-Ohio
Frahm, Charles	East Chicago	Lake
France, Lloyd C.	Plymouth	Marshall
Franco, James M.	Evansville	Vanderburgh
Frank, Herbert	South Bend	St. Joseph
Frank, John R. (S)	Valparaiso	Porter
Frank, Lyall, Jr.	South Bend	St. Joseph
Frank, Lyall L. (S)	South Bend	St. Joseph
Franke, Gordon R.	Fort Wayne	Allen
Franken, E.A., Jr.	Indianapolis	Marion
Frankhouser, Charles M. A., Jr.	Fort Wayne	Allen
Franklin, William L.	Indianapolis	Marion
Frankowski, Clementine	Whiting	Lake
Franks, Larry C.	Oklahoma City, Okla.	Marion
Franz, Sherman G.	New York, N.Y.	Marion
Frasch, Mahlon G.	Lafayette	Tippecanoe
Frash, DeVon W., Jr.	South Bend	St. Joseph
Frazier, John L.	Kokomo	Howard
Freeby, C. William	Decatur	Adams
Freed, Carl A.	Indianapolis	Marion
Freed, John E.	Terre Haute	Vigo
Freeman, Max E.	Carmel	Marion
French, Richard N.	Indianapolis	Marion
Fretz, Richard C.	Kokomo	Howard
Frey, Harley H., Jr.	Lafayette	Tippecanoe
Frey, William B.	South Bend	St. Joseph
Friedman, Isadore E.	Hammond	Lake
Friedman, Morris S.	South Bend	St. Joseph
Frieske, David A.	Munster	Lake
Fritch, John M.	Lafayette	Tippecanoe
Frith, Louis G.	South Bend	St. Joseph
Froderman, Stanley E.	Brazil	Clay
Fromhold, Willis A.	Indianapolis	Marion
Frost, Robert J.	Michigan City	La Porte
Fry, Robert D.	Indianapolis	Marion
Fuelling, James L.	Marion	Grant
Fugelso, Erling S.	Bloomington	Owen-Monroe
Fullam, Richard G.	Fort Wayne	Allen
Fuller, Robert G.	Columbus	Bartholomew-Brown
Fulton, William H.	Indianapolis	Marion
Fultz, Roy L.	Salem	Washington
Fundenberger, Martin	Indianapolis	Marion
Furr, Jack D.	Kingman	Fountain-Warren
Fuson, Wenfred J.	Greencastle	Putnam
Futterknecht, James O.	Elkhart	Elkhart

G

Name	City	County
Gabe, William E. (S)	Orinda, Calif.	Marion
Gabovitch, Edward R.	Indianapolis	Marion
Gaboya, Ruben R.	Bunker Hill	Miami
Gabriel, Magdi	Mishawaka	St. Joseph
Gabrielsen, Ted H.	Indianapolis	Marion
Gaddy, Nelson D.	Indianapolis	Marion
Gaffney, Raymond	South Bend	St. Joseph
Gahimer, Joe E.	Anderson	Madison
Galante, Albert	Munster	Lake
Galante, Gloria	Munster	Lake
Galliher, Marjorie J.	Muncie	Delaware-Blackford
Gambill, William D.	Indianapolis	Marion
Gammell, Lindley L.	Columbus	Bartholomew-Brown
Ganser, Ralph V.	South Bend	St. Joseph
Ganser, Richard A.	Mishawaka	St. Joseph

Name	City	County
Ganz, Max	Marion	Grant
Garber, J. Neill	Indianapolis	Marion
Garceau, George J. (S)	Indianapolis	Marion
Garcia, Manuel G.	Batesville	Ripley
Gard, Daniel A.	Indianapolis	Marion
Gardiner, H. Glenn	Kennedy Space Center, Fla.	Lake
Gardiner, Sprague H.	Indianapolis	Marion
Gardner, Austin L.	Indianapolis	Marion
Gardner, Buckman	Indianapolis	Marion
Gardner, Melvin D.	Michigan City	La Porte
Gardner, Russell A.	Michigan City	La Porte
Garfield, Martin D.	Indianapolis	Marion
Garland, Edgar A.	Evansville	Vanderburgh
Garner, W. Stanley	Indianapolis	Marion
Garner, William H., Jr.	New Albany	Floyd
Garner, William H., Sr. (S)	New Albany	Floyd
Garrett, Robert A.	Indianapolis	Marion
Garrison, James L.	Cumberland	Hancock
Garrison, Leon J. (S)	Marion	Grant
Garst, Garland R.	Evansville	Vanderburgh
Garton, Harry W. (S)	Fort Wayne	Allen
Garvin, Donald B.	Brazil	Clay
Gastineau, David C.	Fort Wayne	Allen
Gates, George E.	South Bend	St. Joseph
Gattman, G. Beach	Elkhart	Elkhart
Gatzimos, Christos D.	Wabash	Wabash
Gaul, L. Edward	Evansville	Vanderburgh
Gaunt, Everett W.	Alexandria	Madison
Gaurano, Lauro M.	Indianapolis	Marion
Geckler, Charles E.	Muncie	Delaware-Blackford
Gehres, Robert W. (S)	Shelbyville	Shelby
Gehring, Thomas A.	Gary	Lake
Geick, Raymond G.	Fort Branch	Gibson
Geider, Roy A.	Indianapolis	Marion
Geiger, Dillon D.	Bloomington	Owen-Monroe
Geisler, Hans E.	Indianapolis	Marion
Geller, Samuel	Evansville	Vanderburgh
Genna, Mary E. Miller	Hale's Corners, Wisc.	Marion
Gentile, Jonathan P.	Fort Wayne	Allen
George, Charles L.	Indianapolis	Marion
Gerding, William J.	Fort Wayne	Allen
Gerig, Eldon L.	Mishawaka	St. Joseph
Gerrish, Donald A.	Terre Haute	Vigo
Gerth, Robert E.	Indianapolis	Marion
Gery, Richard E.	Lafayette	Tippecanoe
Getty, William H.	Evansville	Vanderburgh
Gevirtz, Milton B. (S)	Munster	Lake
Gholz, Lawrence M.	Anderson	Madison
Gibbs, Joseph W.	Martinsville	Hendricks
Gibson, Alois E.	Richmond	Wayne-Union
Gibson, Greta Maxine	Indianapolis	Marion
Gibson, Robert K.	Muncie	Delaware-Blackford
Gick, Herman H. (S)	Indianapolis	Marion
Giffin, Charles S.	Fort Wayne	Allen
Gifford, J. Dean	Wabash	Wabash
Gilbert, Robert G.	Tell City	Perry
Gill, Dee D.	Leesburg	Elkhart
Gill, D. Richard	Huntington	Huntington
Gillen, Howard W.	Indianapolis	Marion
Gilles, Pierre	Gary	Lake
Gillespie, Charles F.	Indianapolis	Marion
Gillespie, Garland R.	Brownstown	Jackson-Jennings
Gillespie, Jacob E.	Indianapolis	Marion
Gilliland. John E.	Indianapolis	Marion
Gillim, Parvin D.	Indianapolis	Marion
Gillum, Eugene M.	Portland	Jay
Gilman, Marcus M. (S)	South Bend	St. Joseph
Gilmore, Robert W.	Michigan City	La Porte
Gilmore, Russell A. (S)	Michigan City	La Porte
Gingerick, Charles M.	Liberty Center	Wells
Giorgio, Douglas J.	Evansville	Vanderburgh
Giragos, Henry G.	Munster	Lake
Girod, Arthur H.	Decatur	Adams
Girod, Donald A.	Indianapolis	Marion
Gish, Howard M.	Brookston	Tippecanoe
Gitlin, Max M. (S)	Bluffton	Wells
Gitlin, William A.	Bluffton	Wells
Given, Gilbert Z.	East Chicago	Lake
Glackman, John C., Jr.	Rockport	Spencer
Gladstone, Naf H.	Fort Wayne	Allen
Glassley, Stephen H.	Fort Wayne	Allen
Glendening, Richard L.	Logansport	Cass
Glock, Maurice E.	Fort Wayne	Allen
Glock, Steven R.	Fort Wayne	Allen
Glock, Wayne R.	Fort Wayne	Allen
Glover, John L.	Indianapolis	Marion
Glover, William J.	Gary	Lake
Goebel, Carl W.	Fort Wayne	Allen
Godersky, George E.	South Bend	St. Joseph
Godersky, Lois G.	South Bend	St. Joseph
Goetcheus, Janell A.	Upland	Grant
Gold, Marvin E.	Valparaiso	Porter
Goldberg, Harold B.	Gary	Lake
Golden, W. Y.	Jeffersonville	Clark
Goldenburg, Mitchell E.	Munster	Lake
Golding, Robert F.	Gary	Lake
Goldman, Samuel	Indianapolis	Marion
Goldsmith, David A.	Marion	Grant
Goldstone, Adolph	Gary	Lake
Goldstone, Arthur	Gary	Lake
Goldstone, Joseph (S)	Gary	Lake
Goldstone, Robert J.	Gary	Lake
Goldstone, Sidney R.	Gary	Lake
Golper, Marvin N.	Kokomo	Howard
Gonzales, Raul C.	Bedford	Lawrence
Gonzales, Sesinando A.	Highland	Lake
Good, Richard P.	Kokomo	Howard
Goodell, Charles L.	Muncie	Delaware-Blackford
Goodman, Eli	Charlestown	Clark
Goodman, Hubert T.	Terre Haute	Vigo
Goodman, Julius M.	Indianapolis	Marion
Goodrum, William R.	Cayuga	Parke-Vermillion
Goodwin, Thomas	Gary	Lake
Gootee, Francis H.	Jasper	Dubois
Gootee, Thomas H.	Jasper	Dubois
Gordon, Joseph L. (S)	Wheeler	Porter
Gordon, Mark	Munster	Lake
Gorham, Charles E.	New Paris	Elkhart
Gormley, Joseph J.	Indianapolis	Marion
Gosman, James H.	Indianapolis	Marion
Gossard, Meredith B.	Tipton	Tipton
Gossom, Donn R.	Terre Haute	Vigo
Gould, John C.	Fort Wayne	Allen
Gourieux, E. De Verre	Evansville	Vanderburgh
Govorchin, Alexander	East Chicago	Lake
Graber, Alvin R.	Nappanee	Elkhart
Graber, Martin J.	Beech Grove	Marion
Graber, Virgil R.	Elkhart	Elkhart
Grabow, Emil F.	Munster	Lake
Graessle, Harold P. (S)	Seymour	Jackson-Jennings
Graf, Jerome A.	Bloomfield	Greene
Graf, John P.	South Bend	St. Joseph
Graham, Edward W.	Indianapolis	Marion
Graham, George M.	Fort Wayne	Allen
Graham, James C.	Fort Wayne	Allen
Graham, John D.	Indianapolis	Marion
Graham, William E.	Indianapolis	Marion
Grant, Benjamin F.	Gary	Lake
Grant, M. Arthur	Marion	Grant
Grant, Phyllis A.	New Castle	Henry
Graves, Noel S.	Madison	Jefferson-Switzerland

Name	City	County
Graves, Orville M. (S)	Princeton	Gibson
Gray, Edwin H.	Elkhart	Elkhart
Gray, Howard R.	Indianapolis	Marion
Gray, Kenneth L.	Indianapolis	Marion
Gray, Leon (S)	Martinsville	Morgan
Gray, Mary Case	Elkhart	Elkhart
Gray, William J.	Chesterfield	Madison
Grayson, Fred E.	Munster	Lake
Grayson, Merrill	Indianapolis	Marion
Grayson, Ted L.	Indianapolis	Marion
Green, Frank H., Jr.	Rushville	Rush
Green, G. Richard	South Bend	St. Joseph
Green, George F.	South Bend	St. Joseph
Green, Joseph B.	Indianapolis	Marion
Green, Leonard J.	Valparaiso	Porter
Green, Morris	Indianapolis	Marion
Green, Norval E.	South Bend	St. Joseph
Green, Oscar	Indianapolis	Marion
Green, Robert F.	Fort Wayne	Allen
Green, William L.	Shelbyville	Shelby
Greene, Frederick G. (S)	Seelyville	Parke-Vermillion
Greene, Morgan E.	Indianapolis	Marion
Greene, Robert W.	Rensselaer	Jasper
Greene, William R.	Henryville	Clark
Greenlee, James R.	Jacksonville, Fla.	Noble
Greenlee, Joseph A., Jr.	Avilla	Noble
Greenlee, Robert L.	Fort Wayne	Allen
Gregg, Edwin E.	Thorntown	Boone
Gregoline, Amadeo F.	Gary	Lake
Gregoline, Eugene	Gary	Lake
Gregory, Delmar R.	Loma Linda, Calif.	Marion
Gregory, Robert L.	Indianapolis	Marion
Greiber, Marvin F.	Muncie	Delaware-Blackford
Greisen, Jack G.	Whiting	Lake
Greist, John H.	Indianapolis	Marion
Grief, James V.	Indianapolis	Marion
Grief, Robert S.	Indianapolis	Marion
Griep, Arthur H.	Evansville	Vanderburgh
Griest, Walter D.	Fort Wayne	Allen
Griffin, Charles G.	Valparaiso	Porter
Griffin, Joseph P.	Chesterton	Porter
Griffin, Leslie W.	Indianapolis	Marion
Griffith, Harold R.	Fort Wayne	Allen
Griffith, James W. (S)	Sheridan	Hamilton
Griffith, Richard S.	Indianapolis	Marion
Griffith, Ross E.	Indianapolis	Marion
Grillo, Donald	South Bend	St. Joseph
Grimes, Eva M.	Indianapolis	Marion
Grimes, Hubert N.	Indianapolis	Marion
Grimm, William C. H., Jr.	Evansville	Vanderburgh
Gripe, Richard P.	Lafayette	Tippecanoe
Grisell, Ted L.	Indianapolis	Marion
Grorud, Alton C.	South Bend	St. Joseph
Gross, Joseph O.	Munster	Lake
Grosso, William G.	East Chicago	Lake
Grosz, Hanus J.	Indianapolis	Marion
Grothouse, Carl B.	Kokomo	Howard
Gruber, Charles M.	Indianapolis	Marion
Guckien, Joseph L.	Evansville	Vanderburgh
Guevara, Teodoro G.	Marion	Grant
Guild, John K.	Plymouth	Marshall
Guin, Jere D.	Kokomo	Howard
Gumbert, Jack L.	Fort Wayne	Allen
Gunderson, Shaun D.	Goshen	Elkhart
Gustafson, Milton H.	Muncie	Delaware-Blackford
Gustaitis, John W.	Whiting	Lake
Guthrie, James R.	Richmond	Wayne-Union
Guthrie, James U.	Peru	Miami
Gutierrez, Peter E.	Merrillville	Lake
Gutman, Gordon	Jeffersonville	Clark
Guttman, John B.	Wakarusa	Elkhart
Guzman, Marcelino F.	Morocco	Newton

H

Name	City	County
Haas, Charles F.	Lafayette	Tippecanoe
Habegger, Elmer D.	Indianapolis	Marion
Hachmeister, Charles W.	Evansville	Vanderburgh
Hackett, Walter G.	Fort Wayne	Allen
Hackney, Victor C.	Indianapolis	Marion
Hadey, James H.	Gary	Lake
Hadley, David	Indianapolis	Marion
Haffner, Herman G.	Fort Wayne	Allen
Hagan, Marion L.	French Lick	Orange
Haggard, David B.	Plainfield	Hendricks
Haggard, Edmund B. (S)	Indianapolis	Marion
Haggerty, Fred E.	Greencastle	Putnam
Hagie, Franklin E.	Richmond	Wayne-Union
Haines, David W.	Virginia Beach, Va.	Delaware-Blackford
Haith, John W.	Gary	Lake
Halaby, Fouad A.	Fort Wayne	Allen
Haley, Alvin J.	Fort Wayne	Allen
Haley, George M.	South Bend	St. Joseph
Haley, Paul E.	South Bend	St. Joseph
Halfast, Richard W.	Kokomo	Howard
Hall, Bernard R.	Logansport	Cass
Hall, Donald L.	Petersburg	Pike
Hall, Jack H.	Indianapolis	Marion
Hall, James M.	South Bend	St. Joseph
Hall, Robert S.	Muncie	Delaware-Blackford
Hall, Thomas C.	Chesterton	Porter
Hall, William R.	Fort Wayne	Allen
Halleck, Harold J.	Winamac	Pulaski
Haller, Richard C.	Fort Wayne	Allen
Haller, Robert L.	Kempton	Tipton
Haller, Thomas C.	Crawfordsville	Montgomery
Halum, Ramon G., Jr.	Munster	Lake
Hamburger, Richard J.	Indianapolis	Marion
Hamer, Homer G. (S)	Indianapolis	Marion
Hamer, John	LaGrange	LaGrange
Hamilton, Charles O.	South Bend	St. Joseph
Hamilton, Emory D.	Fort Wayne	Allen
Hamilton, George M.	Fort Wayne	Allen
Hamilton, Howard B.	Indianapolis	Marion
Hamilton, James R. (S)	Mitchell	Lawrence
Hamilton, Thomas	Columbia City	Whitley
Hammel, Howard T.	Bedford	Lawrence
Hammer, Jay W.	Bloomington	Owen-Monroe
Hammer, Michael	East Chicago	Lake
Hammersley, George K.	Frankfort	Clinton
Hammond, R. Case	Evansville	Vanderburgh
Hammond, Stanley	Munster	Lake
Hampshire, Donald R.	Indianapolis	Marion
Hampton, James N.	Argos	Marshall
Han, Daniel	Gary	Lake
Hancock, John G.	Indianapolis	Marion
Haney, Leslie E.	Goshen	Elkhart
Haney, William K.	Lansing, Ill.	Jefferson-Switzerland
Hann, Eldon C.	Indianapolis	Marion
Hannah, Thomas A.	Indianapolis	Marion
Hannah, Jack W.	Elkhart	Elkhart
Hanneken, Vincent J.	Wabash	Wabash
Hannemann, Robert E.	Lafayette	Tippecanoe
Hannon, Edward J.	Greencastle	Putnam
Hansen, Nikolas F.	Merrillville	Lake
Hanson, Martin F.	Elwood	Madison
Harcourt, Robert S.	Indianapolis	Marion
Hardin, Wayne E.	Ossian	Wells
Harding, M. Richard	Indianapolis	Marion
Harding, Myron S. (S)	Indianapolis	Marion
Hardtke, Eldred F.	Bloomington	Owen-Monroe
Hare, Daniel M.	Evansville	Vanderburgh

Name	City	County
Hare, Earl H. (S)	Indianapolis	Marion
Hare, Francis W., Jr.	Madison	Jefferson-Switzerland
Hare, Laura	Indianapolis	Marion
Harger, Robert W.	Indianapolis	Marion
Hargett, Herbert P.	Jeffersonville	Clark
Hargett, Isaac R.	Evansville	Vanderburgh
Harkness, Robert G. (S)	Terre Haute	Vigo
Harless, Clarence M. (S)	Chesterton	Porter
Harless, O. Fred	Monroeville	Allen
Harlowe, Stuart E.	New Albany	Floyd
Harmon, Carl J.	Richmond	Wayne-Union
Harnden, Hurlbut L.	Madison	Jefferson-Switzerland
Harned, Ben K., Jr.	Evansville	Vanderburgh
Harper, James W.	East Chicago	Lake
Harrell, Ronald R.	Elkhart	Elkhart
Harris, C. Glenn	South Bend	St. Joseph
Harris, Carl B.	Indianapolis	Marion
Harris, George F.	Madison	Jefferson-Switzerland
Harris, James C.	Indianapolis	Marion
Harris, James J.	Fort Wayne	Allen
Harris, Neil R.	Goshen	Elkhart
Harris, Paul N.	Greenfield	Marion
Harris, Robert F.	Noblesville	Hamilton
Harris, Robert L.	Evansville	Vanderburgh
Harshman, James A.	Kokomo	Howard
Harshman, Louis P. (S)	Frankfort	Allen
Harstad, Casper (S)	Rockville	Parke-Vermillion
Hart, L. Paul	Evansville	Vanderburgh
Hart, Robert B.	Columbus	Bartholomew-Brown
Hart, William D.	Anderson	Madison
Harter, Eli B.	Lafayette	Tippecanoe
Hartley, Clarence A., Jr.	Evansville	Vanderburgh
Hartman, John J.	Angola	Steuben
Hartsough, Ralph I.	Lakeville	St. Joseph
Hartz, F. Minton	Evansville	Vanderburgh
Harvey, Bennett B.	Lafayette	Tippecanoe
Harvey, David M.	Munster	Lake
Harvey, Emerson C., Jr.	Burlington	Howard
Harvey, Harry C. (S)	Franklin	Allen
Harvey, Hathaway K.	Indianapolis	Marion
Harvey, John C.	Auburn	DeKalb
Harvey, Ralph J. (S)	Zionsville	Boone
Harvey, Verne K., Jr.	Indianapolis	Marion
Harvey, Verne K., Sr. (S)	Zionsville	Marion
Hasewinkel, Carroll W.	Carmel	Marion
Hasewinkle, August M.	Fort Wayne	Allen
Hash, John S.	Noblesville	Hamilton
Hashemi, Hossein	Warsaw	Kosciusko
Haslem, Ezra R.	Terre Haute	Vigo
Haslem, John R.	Terre Haute	Vigo
Hass, Caroline E.	W. Lafayette	Tippecanoe
Hass, Thomas W.	W. Lafayette	Tippecanoe
Hassel, Walter B.	Evansville	Vanderburgh
Hastings, Warren C.	Fort Wayne	Allen
Haswell, John	Vincennes	Knox
Hatfield, Nicholas W.	Indianapolis	Marion
Hathaway, C. Bishop	Auburn	DeKalb
Hattendorf, Anton P.	Fort Wayne	Allen
Hauersperger, Alfred D.	Columbus	Bartholomew-Brown
Haughn, James E.	Mountain Home, Idaho	Marion
Haugseth, Ellsworth K.	South Bend	St. Joseph
Havens, A. Lyle	Jeffersonville	Clark
Havens, Thomas R.	Jeffersonville	Clark
Havens, Oscar	Cicero	Hamilton
Havens, Russell E.	Fort Wayne	Allen
Hawes, Marvin E.	Columbus	Bartholomew-Brown
Hawk, Edgar A.	Indianapolis	Marion
Hawk, James H.	Indianapolis	Marion
Hawkins, Glen E.	South Bend	St. Joseph
Hawkins, Richard D.	Bedford	Lawrence
Hawthorne, James J.	Indianapolis	Marion
Hay, Gene R.	Michigan City	La Porte
Hayes, Frank W.	Fairfield, Calif.	Lake
Hayes, Jesse D.	East Chicago	Lake
Hayes, Theodore R.	Muncie	Delaware-Blackford
Haymond, George M.	Warsaw	Kosciusko
Haymond, Joseph L.	Indianapolis	Marion
Haynes, John T.	Indianapolis	Marion
Haywood, John G.	Noblesville	Hamilton
Hazelrigg, Donald E.	Indianapolis	Marion
Healey, Robert J.	Indianapolis	Marion
Healy, Cornelius E.	Evansville	Vanderburgh
Heard, Albert (S)	Evansville	Vanderburgh
Heasty, Alfred R.	W. Lafayette	Tippecanoe
Heaton, Elton	Madison	Jefferson-Switzerland
Hebard, Harold G., Jr.	Mulberry	Tippecanoe
Heck, Martin C.	Jasper	Dubois
Heckaman, Edward L.	Richmond	Madison
Hedde, Eugene L.	Logansport	Cass
Hedgcock, Robert A.	Frankfort	Clinton
Hedrick, James T.	Gary	Lake
Hedrick, Philip W.	Indianapolis	Marion
Hehemann, William V.	Munster	Lake
Heid, George J., Jr.	Lafayette	Tippecanoe
Heidemann, H. David	New Albany	Clark
Heilman, William C., Jr.	New Castle	Henry
Heilman, W. C., Sr. (S)	New Castle	Henry
Heimburger, Irvin L.	Evansville	Vanderburgh
Heimburger, Robert F.	Indianapolis	Marion
Heinlein, Carl L.	Danville	Hendricks
Heinrich, Weston A.	Evansville	Vanderburgh
Heinsen, Charles E.	Winamac	Pulaski
Heiser, Ervin W.	Elkhart	Elkhart
Held, George A.	Jasper	Dubois
Helmen, Charles H.	Indianapolis	Marion
Helmer, Fredric A.	Fort Wayne	Allen
Helmer, John F.	South Bend	St. Joseph
Helms, Charles E.	Munster	Lake
Helveston, Eugene M.	Indianapolis	Marion
Heminway, Norman L.	Elkhart	Elkhart
Hendeles, Frieda R.	Bluffton	Wells
Hendershot, Eugene L.	Evansville	Vanderburgh
Henderson, Francis G.	Three Rivers, Mich.	Marion
Henderson, Norman C.	Michigan City	La Porte
Henderson, Ramon A.	Muncie	Delaware-Blackford
Henderson, Robert N.	Evansville	Vanderburgh
Henderson, Roscoe C.	Indianapolis	Marion
Hendricks, Fred A.	Indianapolis	Marion
Hendricks, John W.	Indianapolis	Marion
Hendrix, Charles E.	Vincennes	Knox
Henn, R. Anthony	Greenfield	Hancock
Henry, Alvin L.	Columbus	Bartholomew-Brown
Henry, Howard J.	Knox	Starke
Henry, J. Ben, Jr.	Bloomington	Owen-Monroe
Henry, Russell S.	Indianapolis	Marion
Hensler, Benton M.	Anderson	Madison
Hensley, Harry T.	Indianapolis	Marion
Hensley, Kevin C.	Bloomington	Owen-Monroe
Hepner, Herman	Kendallville	Noble
Hepner, Herman S. (S)	Bloomington	Owen-Monroe
Herd, Cloyd R.	Peru	Miami
Herendeen, Elbie V.	Rochester	Fulton
Herendeen, Thomas L.	Fort Wayne	Allen
Heritier, C. Jules	Columbia City	Whitley
Hermann, Harold W.	Evansville	Vanderburgh
Hermayer, Stephen	Evansville	Vanderburgh
Hernandez, Antonio	Shelburn	Sullivan
Hernandez, I. C.	East Chicago	Lake

Name	City	County
Herod, Gilbert	Ann Arbor, Mich.	Perry
Herrera, Vivencio A.	Fort Wayne	Allen
Herrick, Charles L.	Akron	Fulton
Herrmann, Gordon T.	Evansville	Vanderburgh
Herrold, George W.	Lafayette	Tippecanoe
Hershberger, Philip G.	Fort Wayne	Allen
Herzberg, Milton	Clinton	Parke-Vermillion
Herzer, Clarence C. (S)	Evansville	Vanderburgh
Hess, Paul P.	New Albany	Floyd
Hetherington, John A.	Terre Haute	Vigo
Hetman, Mitchell J.	Westville	La Porte
Heubi, John E.	Indianapolis	Marion
Heumann, John E.	Evansville	Vanderburgh
Hibbeln, Frederic P.	Indianapolis	Marion
Hibbeln, Thomas J.	Indianapolis	Marion
Hibbs, William G. (S)	Franklin	Johnson
Hibner, Dan W.	Richmond	Wayne-Union
Hibner, Nolan A.	Monticello	White
Hibner, Kermit Q.	Bloomington	Owen-Monroe
Hickman, Donald M.	Fort Wayne	Allen
Hickman, Jack W.	Indianapolis	Marion
Hicks, Murwyn L.	Indianapolis	Marion
Hieber, Frank R.	Munster	Lake
Higgins, Jack W.	Kokomo	Howard
Higgins, James L.	Petersburg	Pike
Higgins, John R.	New Albany	Floyd
High, Ralph L.	Muncie	Delaware-Blackford
Hilbert, John W. (S)	South Bend	St. Joseph
Hildebrand, John O., Jr.	South Bend	St. Joseph
Hildebrand, William L.	Indianapolis	Marion
Hill, Gladys Marie	Richmond	Wayne-Union
Hill, Herbert N.	Indianapolis	Marion
Hill, James K.	Indianapolis	Marion
Hill, Kenneth G.	New Castle	Henry
Hill, Lloyd L.	Peru	Miami
Hill, Paul G.	Cambridge City	Wayne-Union
Hill, Robert E.	Yorktown	Delaware-Blackford
Hill, Theodore A.	Michigan City	LaPorte
Hill, Wallace C.	South Bend	St. Joseph
Hillenbrand, Charles	Michigan City	La Porte
Hillery, Robert L.	Fort Wayne	Allen
Hillis, Lowell J.	Logansport	Cass
Hillman, Marion W.	Sarasota, Fla.	St. Joseph
Hilz, James M.	Indianapolis	Marion
Hilz, Mary Ann	Indianapolis	Marion
Himebaugh, Gilbert J.	Evansville	Vanderburgh
Himelstein, N. Harvey	Indianapolis	Marion
Himler, James M.	Indianapolis	Marion
Hinchman, Jean F.	Parker	Delaware-Blackford
Hines, Archie V. (S)	Auburn	De Kalb
Hines, John H.	Auburn	De Kalb
Hippensteel, Harland	Auburn	De Kalb
Hipskind, Richard E.	Fort Wayne	Allen
Hironimus, John E.	Panorama City, Calif.	Vanderburgh
Hirsch, Herman L.	Mt. Vernon	Posey
Hirsch, Melvin L.	Munster	Lake
Hisrich, Lloyd W.	Batesville	Ripley
Hobbs, Arthur A.	Evansville	Vanderburgh
Hobbs, Hudner	Indianapolis	Marion
Hobgood, James L., Jr.	Evansville	Vanderburgh
Hochhalter, Marian	Logansport	Cass
Hodgin, Phillip T.	Orleans	Orange
Hodonos, Phillip E.	Michigan City	LaPorte
Hoetzer, Eldore M.	New Haven	Allen
Hoffman, Arthur F.	Fort Wayne	Allen
Hoffman, Herman	Indianapolis	Marion
Hoffman, Max N.	Covington	Fountain-Warren
Hofmann, J. William (S)	Indianapolis	Marion
Hogan, Michael A.	Indianapolis	Marion
Hogan, Thomas W.	Terre Haute	Vigo
Hogle, Frank D.	Westville	LaPorte
Hoham, Frederick D.	Portage	Porter
Hoit, Leonard	Gary	Lake
Holdeman, Lillian S.	South Bend	St. Joseph
Holdeman, Richard W.	South Bend	St. Joseph
Holden, Robert W.	Columbus	Bartholomew-Brown
Holland, Philip T.	Bloomington	Owen-Monroe
Holland, William M.	Indianapolis	Marion
Hollenberg, Alfred E.	Hagerstown	Wayne-Union
Hollenberg, Edward L.	Winamac	Pulaski
Holliday, Alfonso	Gary	Lake
Hollingsworth, Thomas H.	Muncie	Delaware-Blackford
Holloway, Richard J.	South Bend	St. Joseph
Holman, Jerome E., Jr.	Indianapolis	Marion
Holman, Jerome E., Sr. (S)	Indianapolis	Marion
Holmes, John L.	Muncie	Delaware-Blackford
Holsinger, Robert E.	Fort Wayne	Allen
Holtzman, Norman N.	South Bend	St. Joseph
Holtzman, Paul W.	Bloomington	Owen-Monroe
Honan, Paul R.	Lebanon	Boone
Hood, Ainslee A.	Indianapolis	Marion
Hoog, John M.	Fort Wayne	Allen
Hooker, Donald J.	Ligonier	Noble
Hooker, Rex R.	East Chicago	Lake
Hoopes, Jane M.	Evansville	Vanderburgh
Hoover, Dewey A.	Terre Haute	Vigo
Hoover, J. Guy	Evansville	Vanderburgh
Hoover, Joseph R.	Fort Wayne	Allen
Hoover, Peter B.	Boonville	Warrick
Hopkins, Bruce J.	Indianapolis	Marion
Hopkins, L. H. (S)	Versailles	Ripley
Horlander, Fridolin	Jeffersonville	Clark
Hornback, Ned B.	Indianapolis	Marion
Horning, Richard R.	Logansport	Cass
Horst, William N.	Merrillville	Lake
Horswell, Richard G.	Bristol	Elkhart
Horswell, Richard R.	Lafayette	Tippecanoe
Horvath, George A.	South Bend	St. Joseph
Horwitz, Thomas	Indianapolis	Marion
Hostetter, Michael G.	Muncie	Delaware-Blackford
Houser, D. Stanley	South Bend	St. Joseph
Houshmand, Cyrus	Bloomington	Owen-Monroe
Houston, Fred D.	Lawrenceburg	Dearborn-Ohio
Hovda, Richard B.	Evansville	Vanderburgh
Hover, Galen M.	Charlestown	Clark
How, Louis E.	South Bend	St. Joseph
Howard, Joseph D.	Logansport	Cass
Howard, William F.	Bloomington	Owen-Monroe
Howard, Wm. Harry (S)	Munster	Lake
Howe, Fordyce L.	Fort Wayne	Allen
Howell, Arthur	Indianapolis	Marion
Howell, Joseph D.	Indianapolis	Marion
Howland, Carl B.	Crawfordsville	Montgomery
Hoyt, Lester H.	Indianapolis	Marion
Hoyt, Millard L.	Indianapolis	Marion
Hrisomalos, Frank N.	Bloomington	Owen-Monroe
Hubbard, Jesse D.	Indianapolis	Marion
Huber, Carl P.	Indianapolis	Marion
Huckleberry, Irvin E. (S)	Salem	Washington
Hudson, Arlington M.	Connersville	Fayette-Franklin
Huebner, Gilbert D.	Bluffton	Wells
Huffman, Galen C.	Bluffton	Wells
Huffman, Verlin P.	S. Whitley	Whitley

Name	City	County
Hughes, Anson F.	Lafayette	Tippecanoe
Hughes, Richard R.	Lafayette	Tippecanoe
Hughes, William B.	Waterloo	DeKalb
Huggins, Victor S.	Evansville	Vanderburgh
Hull, DeWayne L.	Fort Wayne	Allen
Hull, James E.	Lafayette	Tippecanoe
Hull, Joel I.	Chesterton	Porter
Hull, Ronald H.	Indianapolis	Marion
Hummel, Russel M.	Marion	Grant
Hummons, Francis D.	Indianapolis	Marion
Humphrey, Paul E.	Terre Haute	Vigo
Humphreys, Joe E.	Vincennes	Knox
Humphreys, John L.	Bethel Park, Pa.	Allen
Humphreys, John W.	Crawfordsville	Montgomery
Hunneshagen, Donald E.	Indianapolis	Marion
Hunsberger, Walter G.	Lafayette	Tippecanoe
Hunt, Edgar J. (S)	Terre Haute	Vigo
Hunter, Charles A., Jr.	Indianapolis	Marion
Hunter, Dean M.	W. Lafayette	Tippecanoe
Hunter, Donn R.	Greenfield	Hancock
Hunter, Frank P. (S)	Lafayette	Tippecanoe
Huoni, John S.	Jeffersonville	Clark
Hurley, James W.	Elkhart	Elkhart
Hurley, John R.	Daleville	Delaware-Blackford
Hurt, LaVerne B. (S)	Delray Beach, Fla.	Marion
Hurteau, William W.	Indianapolis	Marion
Hurwitz, Roger A.	Indianapolis	Marion
Huse, William M.	Indianapolis	Marion
Husted, Robert G.	Munster	Lake
Hutchison, Donald R.	Fountain City	Wayne-Union
Hutson, Richard A.	Indianapolis	Marion
Hutto, William H.	Kokomo	Howard
Hyde, Carroll C. (S)	South Bend	St. Joseph

I

Name	City	County
Imhof, Joseph D.	Muncie	Delaware-Blackford
Imperial, Benjamin E.	Kentland	Newton
Indovina, Vincent A.	Munster	Lake
Ingram, Richard	Montpelier	Delaware-Blackford
Ingwell, Guy B.	Knox	Starke
Inlow, Paul M.	Shelbyville	Shelby
Inlow, Robert P.	Shelbyville	Shelby
Inlow, William D. (S)	Shelbyville	Shelby
Irish, Wilbur J.	Gary	Lake
Irmscher, George W.	Fort Wayne	Allen
Irmscher, Jane M.	Fort Wayne	Allen
Irvine, William O.	Indianapolis	Marion
Irwin, Glenn W., Jr.	Indianapolis	Marion
Isaacs, Sidney	Richmond	Wayne-Union
Isenbarger, Karl	Indianapolis	Marion
Isenogle, Kenneth F.	Fort Wayne	Allen
Iske, Paul G.	Indianapolis	Marion
Isler, Nathaniel C.	Jeffersonville	Clark
Iterman, George E. (S)	New Castle	Henry
Ivy, John H.	Elkhart	Elkhart

J

Name	City	County
Jackson, Charles E.	Bluffton	Wells
Jackson, Dean B.	Hartford City	Delaware-Blackford
Jackson, Howard C.	Madison	Jefferson-Switzerland
Jackson, James W. (S)	Indianapolis	Marion
Jackson, John F.	Fort Wayne	Allen
Jackson, Kathryn A.	Zionsville	Boone
Jacobo, Miguel J.	East Chicago	Lake
Jacobs, E. Robert	Columbus	Bartholomew-Brown
Jacobs, Rene M.	Greencastle	Putnam
Jacqmain, Ralph J.	Vincennes	Knox
Jahns, Albin A.	Gary	Lake
James, Carroll F.	Hope	Bartholomew-Brown
James, Charles E.	Indianapolis	Marion
James, Thomas, Jr.	Huntington	Huntington
Janes, R. Grant	Connersville	Fayette-Franklin
Janicki, Robert S.	N. Chicago, Ill.	Marion
Jankowski, Ernest B.	South Bend	St. Joseph
Jarrett, John C.	Marion	Grant
Jarrett, Paul E.	Anderson	Madison
Jaurnig, Russell R.	Bluffton	Wells
Jay, Arthur C.	Muncie	Delaware-Blackford
Jay, Arthur N.	Indianapolis	Marion
Jay, James M.	Indianapolis	Marion
Jeans, Robert F.	Richmond	Wayne-Union
Jehanyar, M. Ali	Monticello	White
Jenkins, John E., Jr.	Indianapolis	Marion
Jenkins, Robert E.	Indianapolis	Marion
Jennings, Frank L. (S)	Indianapolis	Marion
Jesch, Doris	Marion	Grant
Jestadt, John J.	Indianapolis	Marion
Jett, Clyde W.	Seelyville	Vigo
Jewell, George M.	Kokomo	Howard
Jewett, Joe H.	Indianapolis	Marion
Jimenez, Pedro	Jeffersonville	Clark
Jinnings, Loren E.	Auburn	DeKalb
Jobes, James E.	Indianapolis	Marion
Johnloz, David K.	Indianapolis	Marion
Johns, David R. (S)	Beloit, Wis.	Lake
Johns, Nicholas C.	South Bend	St. Joseph
Johnson, A. Cedric, Jr.	Indianapolis	Marion
Johnson, Arnold L.	Gary	Lake
Johnson, Earl H.	Indianapolis	Marion
Johnson, Edward M.	Terre Haute	Vigo
Johnson, George M.	Richmond	Wayne-Union
Johnson, Herbert S.	Lafayette	Tippecanoe
Johnson, James B.	Greencastle	Putnam
Johnson, Jerome M.	Jeffersonville	Clark
Johnson, Lonnie B. (S)	Gary	Lake
Johnson, Paul D., Jr.	Terre Haute	Vigo
Johnson, Robert D.	Madison	Jefferson-Switzerland
Johnson, Stephen L.	Evansville	Vanderburgh
Johnson, Thomas W.	Indianapolis	Marion
Johnson, Victor	Evansville	Vanderburgh
Johnson, William A.	North Vernon	Jackson-Jennings
Johnson, William V.	New Albany	Floyd
Johnston, Richard M.	Fort Wayne	Allen
Johnston, Robert G. (S)	Huntington	Huntington
Johnston, Robert L.	Bluffton	Wells
Jolly, Wesley P. (S)	Richland	Spencer
Jones, Allen W.	Indianapolis	Marion
Jones, Charles A.	Franklin	Johnson
Jones, David E.	Indianapolis	Marion
Jones, David G.	Anderson	Madison
Jones, David M.	West Lafayette	Tippecanoe
Jones, Eli S. (S)	Hammond	Lake
Jones, Francis P.	Indianapolis	Marion
Jones, George L.	Indianapolis	Marion
Jones, Gordon C.	Indianapolis	Marion
Jones, Horace E.	Anderson	Madison
Jones, J. Carl	Logansport	Cass
Jones, John D.	Indianapolis	Marion
Jones, King S. (S)	Michigan City	La Porte
Jones, Richard A.	Indianapolis	Marion
Jones, Robert B.	Elkhart	Elkhart
Jones, Thomas M.	New Albany	Floyd
Jontz, Joe G.	Fort Wayne	Allen
Jontz, Jon P.	Indianapolis	Marion
Jontz, Richard L.	Fort Wayne	Allen
Jordan, Leo E.	Lynn	Randolph

Name	City	County
Jordan, Richard A.	Corydon	Harrison-Crawford
Joseph, Rex M.	Indianapolis	Marion
Jowitt, Richard H.	Indianapolis	Marion
Joyner, John E.	Indianapolis	Marion
Judd, Russell L.	Indianapolis	Marion
Judson, Walter E.	Indianapolis	Marion
Juergens, Richard B.	Fort Wayne	Allen
Jurgensen, Walter T.	Fort Wayne	Allen
Justin, Renate G.	Terre Haute	Vigo
K		
Kabel, Robert N.	Terre Haute	Vigo
Kachmann, Rudy	Fort Wayne	Allen
Kahler, Maurice V. (S)	Indianapolis	Marion
Kahn, Alexander J.	Indianapolis	Marion
Kahn, Howard L.	Indianapolis	Marion
Kaiser, James L.	Indianapolis	Marion
Kalker, Morton	Muncie	Delaware-Blackford
Kalsbeck, John E.	Indianapolis	Marion
Kamen, Jack M.	Gary	Lake
Kammen, Leo	Indianapolis	Marion
Kammer, Grace C.	Muncie	Delaware-Blackford
Kane, Jack L.	Indianapolis	Marion
Kantzer, Floyd B. (S)	Albuquerque, N. Mexico	De Kalb
Karberg, Richard J.	Lafayette	Tippecanoe
Karn, John W.	South Bend	St. Joseph
Karnafel, Eugene T.	Logansport	Cass
Karol, Herbert J.	Fort Wayne	Allen
Karsell, William A.	Indianapolis	Marion
Kasting, Gerald	Bedford	Lawrence
Katterjohn, James C.	Indianapolis	Marion
Kauffman, Harley M. (S)	Evansville	Vanderburgh
Kaufman, Alan J.	Hammond	Lake
Kaufman, Julian R.	Fort Wayne	Allen
Kay, John B.	West Lafayette	Marion
Kay, Oran E. (S)	Spencer	Owen-Monroe
Keating, John U.	Indianapolis	Marion
Kebel, Arthur P.	Indianapolis	Marion
Keck, Carleton A.	Fort Wayne	Allen
Keeling, Forrest E. (S)	Portland	Jay
Keenan, George B.	Indianapolis	Marion
Keenan, Patrick J.	South Bend	St. Joseph
Keever, Charles H. (S)	Indianapolis	Marion
Keffer, Harry L.	Terre Haute	Vigo
Kellar, Philip E.	Hobart	Lake
Kelley, Jack L.	Lafayette	Tippecanoe
Kelly, George G.	Munster	Lake
Kelly, John B.	Evansville	Vanderburgh
Kelly, Wendell C.	Anderson	Madison
Kelsey, Robert M., Jr.	La Porte	La Porte
Kemp, John T.	Michigan City	La Porte
Kemp, W. Alfred	Bourbon	Marshall
Kempf, Gerald F. (S)	Kettering, Ohio	Parke-Vermillion
Kendall, Forest M.	Nappanee	Elkhart
Kendall, William R.	Indianapolis	Marion
Kendrick, Frank J.	Gary	Lake
Kendrick, William M.	Mooresville	Morgan
Kennedy, Hunter F.	Indianapolis	Marion
Kennedy, Joseph T.	Indianapolis	Marion
Kennedy, Myron S.	Goshen	Elkhart
Kennedy, Walter U. (S)	New Castle	Henry
Kenney, David B.	Indianapolis	Marion
Kenney, Francis D.	Munster	Lake
Kent, Richard N.	Fort Wayne	Allen
Kenyon, C. Emil (S)	Cambridge City	Wayne-Union
Keough, Thomas F.	Warsaw	Kosciusko
Kephart, S. Bruce	Bluffton	Wells
Keplinger, James E.	Lafayette	Tippecanoe
Kepner, Robert S.	Anderson	Madison

Name	County	City
Kerlin, Joseph C.	Danville	Hendricks
Kern, Clarence G.	Lebanon	Boone
Kerner, Donald J.	Guantanamo Bay, Cuba	Marion
Kerr, Charlotte H.	Michigan City	La Porte
Kerr, Donald M.	Bedford	Lawrence
Kerr, Harry R. (S)	Indianapolis	Marion
Kerr, John E.	Michigan City	La Porte
Kerrigan, John F.	Michigan City	La Porte
Kerrigan, Robert L. (S)	Michigan City	La Porte
Kerrigan, William F.	Connersville	Fayette-Franklin
Kershner, Charles R.	Marion	Grant
Kesim, Mufit H.	Elkhart	Elkhart
Keskin, Ibrahim	Hammond	Lake
Kessler, Robert B.	Evansville	Vanderburgh
Ketcham, Jane M. (S)	Indianapolis	Marion
Ketcham, John S. (S)	Rossville	Clinton
Keyes, Robert C.	Fort Wayne	Allen
Khalouf, Herbert C.	Marion	Grant
Khalouf, Shirley T.	Marion	Grant
Khaton, Odessa M.	Chicago, Ill.	Lake
Kidd, James G. (S)	North Manchester	Wabash
Kidder, Orva T.	Fort Wayne	Allen
Kiechle, Frederick L.	Evansville	Vanderburgh
Kiefer, C. Raymond	Indianapolis	Marion
Kieffer, William J.	South Bend	St. Joseph
Kiely, John T.	Anderson	Madison
Kilgore, Byron W.	Ft. Wayne	Allen
Kilmer, Warren L.	Portage	Porter
Kim, Joon S.	La Porte	La Porte
Kim, Kil Chol	Indianapolis	Marion
Kim, Young D. (S)	Beech Grove	Marion
Kimble, John W.	Indianapolis	Marion
Kimbrough, Robert F.	Fort Wayne	Allen
Kimmel, Louis E., Jr.	Valparaiso	Porter
Kincaid, Raymond K.	Tipton	Tipton
Kincaid, Robert S.	Evansville	Vanderburgh
Kindell, Hurschell D.	New Richmond	Montgomery
KinKade, Paul T.	New Castle	Henry
King, Charles R.	Anderson	Madison
King, Harold	Indianapolis	Marion
King, Harry	Indianapolis	Marion
King, Jay M.	Logansport	Cass
King, Robert D.	Indianapolis	Marion
King, Robert W.	Cedar Lake	Lake
Kingma, Roy E.	DeMotte	Porter
Kingsbury, John K. (S)	Indianapolis	Marion
Kinneman, Robert E.	Greenfield	Hancock
Kintner, Burton E.	Elkhart	Elkhart
Kinzer, LeRoy D.	Markle	Wells
Kirby, Ted C.	Greenfield	Hancock
Kirkhoff, Paul J.	Indianapolis	Marion
Kirshman, Forrest E.	Muncie	Delaware-Blackford
Kirtley, James M.	Crawfordsville	Montgomery
Kirtley, Robert W.	Danville	Hendricks
Kirtley, William R.	Indianapolis	Marion
Kissel, Wesley A.	Indianapolis	Marion
Kissinger, Knight L.	Angola	Steuben
Kitt, Walter	Munster	Lake
Kitterman, Harry E.	Indianapolis	Marion
Klain, Benjamin V.	Indianapolis	Marion
Klamer, Charles H.	Jasper	Dubois
Klassen, Otto D.	Elkhart	Elkhart
Klatch, Ben Z.	Lafayette	Tippecanoe
Klaus, Julius M.	Gary	Lake
Kleifgen, William A.	Fort Wayne	Allen
Kleindorfer, Roscoe L. (S)	Evansville	Vanderburgh
Kleit, Stuart A.	Indianapolis	Marion
Kleopfer, Ronald G.	Fort Wayne	Allen
Klepfer, Jefferson F.	Richmond	Wayne-Union
Klepinger, Harry E.	Lafayette	Tippecanoe

Name	City	County
Klooze, Kenneth W.	Fort Wayne	Allen
Klutinoty, George II	Indianapolis	Marion
Kmak, Chester J.	Gary	Lake
Kneidel, John H.	Indianapolis	Marion
Knight, Lewis W.	Fort Wayne	Allen
Knochel, Wayne L.	Rochester	Fulton
Knode, Kenneth T. (S)	South Bend	St. Joseph
Knote, John A.	Fort Wayne	Allen
Knotts, Halleck S.	Columbus	Bartholomew Brown
Knotts, Slater	Seymour	Jackson-Jennings
Ko, Richard C. B.	Gaston	Delaware-Blackford
Kobak, Alfred J., Jr.	Valparaiso	Porter
Kobrin, Meyer W.	Gary	Lake
Koch, Edwin F., Jr.	Muncie	Delaware-Blackford
Koch, Elmer L.	Danville	Hendricks
Koch, Howard W.	Winchester	Randolph
Koehler, Elmer G.	Elkhart	Elkhart
Koenig, Robert L.	Valparaiso	Porter
Kohlstaedt, Karl C.	Indianapolis	Marion
Kohlstaedt, Kenneth G.	Indianapolis	Marion
Kohne, Gerald J.	Decatur	Adams
Kohne, Robert W.	Lafayette	Tippecano
Kolanko, Leon A.	Hammond	Lake
Kolbas, Eugene	Gary	Lake
Kolettis, John G.	Gary	Lake
Kooiker, John E.	Indianapolis	Marion
Koons, Karl M., Jr.	Indianapolis	Marion
Koons, Karl M. (S)	Indianapolis	Marion
Koontz, William A.	Gas City	Grant
Kopanko, Bernard F.	East Chicago	Lake
Kopcha, Joseph E.	Gary	Lake
Kopecky, Robert R.	Indianapolis	Marion
Kopp, William R.	Anderson	Madison
Koransky, David S.	Hammond	Lake
Korn, Jerome M.	Gary	Lake
Kornafel, L. H.	Indianapolis	Marion
Koss, K. William	Muncie	Delaware-Blackford
Kotas, Walter S.	Munster	Lake
Kott, Alexander	Munster	Lake
Kourany, Edgar	Mooresville	Morgan
Kourany, Oscar	Mooresville	Morgan
Krabill, Willard S.	Goshen	Elkhart
Kraft, Bennett	Indianapolis	Marion
Kraning, Kenneth K.	Kewanna	Fulton
Krause, Frederick	Elkhart	Elkhart
Kreitl, Dorothy R.	Richmond	Wayne-Union
Kremers, George A.	Kokomo	Howard
Kresler, Leon E.	Kentland	Newton
Kress, James W.	Muncie	Delaware-Blackford
Krieble, William W.	Terre Haute	Vigo
Kriel, William B.	Indianapolis	Marion
Krizman, David J.	South Bend	St. Joseph
Kroczek, Stephen E.	Indianapolis	Lake
Krsek, Archie J.	Hobart	Lake
Krueger, John E.	Fort Wayne	Allen
Krueger, John E.	South Bend	St. Joseph
Krueger, Robert B.	Columbus	Bartholomew-Brown
Krueger, Thomas P.	Evansville	Vanderburgh
Kruse, Walter E. (S)	Fort Wayne	Allen
Kubik, Francis J.	Michigan City	LaPorte
Kubley, James D.	Plymouth	Marshall
Kudele, Louis T.	Whiting	Lake
Kuhn, Arthur J.	Munster	Lake
Kuhn, Frederick L.	South Bend	St. Joseph
Kuhn, Hedwig S. (S)	Munster	Lake
Kuhn, Robert W.	Wilkinson	Hancock
Kuipers, Fred M.	Lafayette	Tippecanoe
Kunkler, Arnold W.	Terre Haute	Vigo
Kunkler, William C. (S)	Terre Haute	Vigo
Kuntz, Herman W.	Indianapolis	Marion
Kurlander, Gerald J.	Indianapolis	Marion
Kurtz, Fred B. (S)	Indianapolis	Marion
Kurtz, Philip L.	Indianapolis	Marion
Kurtz, William A.	Tipton	Tipton
Kwitny, Isadore J.	Indianapolis	Marion

L

Name	City	County
LaBier, Clarence R., Jr. (S)	Terre Haute	Vigo
Ladig, Donald S.	Fort Wayne	Allen
LaDine, Clarence B.	Indianapolis	Marion
LaDuron, Jules F. (S)	Muncie	Delaware-Blackford
LaFollette, Donald R.	New Albany	Floyd
LaFollette, Forrest R.	Hammond	Lake
LaFollette, James W.	Bloomington	Owen-Monroe
LaFollette, Robert E.	New Albany	Floyd
Lahr, Richard E.	Marion	Grant
Laker, Gene C.	Fort Wayne	Allen
Laker, Richard J.	Fort Wayne	Allen
Lamb, Emmett B.	Indianapolis	Marion
Lamb, J. Leonard	South Bend	St. Joseph
Lamb, Russell W.	Indianapolis	Marion
Lamber, Chet K.	Indianapolis	Marion
Lambert, Dennis M.	Indianapolis	Marion
Lamey, Paul T.	Anderson	Madison
Lamkin, E. Henry, Jr.	Indianapolis	Marion
Lampe, Elfred H.	Fort Wayne	Allen
Lancet, Robert O.	Terre Haute	Vigo
Land, Richard N.	Anderson	Madison
Landis, Charles B.	Burton, Wash.	Tippecanoe
Landon, David J.	Union City	Randolph
Lands, Robert M.	Portage	Porter
Landwehr, Alfons	Indianapolis	Marion
Lane, C. Elaine	Indianapolis	Marion
Lane, William H.	South Bend	St. Joseph
Lang, Jay W.	Indianapolis	Marion
Lanman, John U.	Munster	Lake
Lanning, R. Adrian	Noblesville	Hamilton
Lardizabal, Jose M.	Bloomfield	Greene
Largaespada, Manuel	Indianapolis	Marion
Larmore, Joseph L.	Anderson	Madison
Larrabee, James F.	Munster	Lake
Larson, Goyt O.	La Porte	La Porte
LaSalle, Richard M.	Wabash	Wabash
LaSalle, Robert M., Jr.	Wabash	Wabash
LaSalle, Robert M., Sr.	Wabash	Wabash
Lashmet, Michael H.	Indianapolis	Marion
Lasich, Anthony R.	Indianapolis	Marion
Laubscher, Clarence	Evansville	Vanderburgh
Laudeman, Walter A.	Elwood	Madison
Lautz, Herbert A.	Munster	Lake
Lavengood, Russell W. (S)	Marion	Grant
Lawler, George F. (S)	Long Beach, Miss.	Marion
Lawler, John F.	Evansville	Vanderburgh
Lawrence, Gene C.	Sacramento, Calif.	Marion
Lawrence, James M.	Indianapolis	Marion
Lawrence, Joseph C.	Evansville	Vanderburgh
Lawson, Allan J.	Indianapolis	Marion
Lawson, Lawrence J.	Muncie	Delaware-Blackford
Laycock, Richard M.	Fort Wayne	Allen
Leahy, Howard J.	Pendleton	Madison
Leak, Robert H.	Boswell	Benton
Leatherman, Harter L. (S)	Indianapolis	Marion
Lebioda, Henry S.	Gary	Lake
Lee, Byung H.	Kankakee, Ill.	Lake
Lee, Glen Ward	Richmond	Wayne-Union
Lee, James	Terre Haute	Vigo
Lee, John M. (S)	Rushville	Rush
Lee, John W.	Fort Wayne	Allen

Name	City	County
Lee, Robert Y.	Valparaiso	Porter
Leffel, James M.	Indianapolis	Marion
Leffler, William T.	Indianapolis	Marion
Lehman, David P.	Kokomo	Howard
Lehman, Evan L.	Colorado Springs, Colo.	Marion
Lehman, Kenneth M.	Topeka	LaGrange
Lehmberg, Otto F. C. (S)	Columbia City	Whitley
Leibundguth, Henry	Evansville	Vanderburgh
Leich, Charles F.	Evansville	Vanderburgh
Leinbach, Earl R.	Hamlet	Starke
Leipold, Jon D.	Indianapolis	Marion
LeMaster, Theodore R.	Indianapolis	Marion
Leming, Ben L.	Fort Wayne	Allen
Lempke, Lloyd W.	Lafayette	Tippecanoe
Lenk, George G.	Fort Wayne	Allen
Lenox, Jack	Lebanon	Boone
Lenyo, Ludimere	Terre Haute	Vigo
Leon, Mario	Holland	Dubois
Leonard, Dale F.	Hagerstown	Wayne-Union
Leroy, Alvin G.	Alexandria	Madison
Leser, Ralph U.	Indianapolis	Marion
Lessure, Alfred P.	Evansville	Vanderburgh
Lester, Vern L.	Mishawaka	St. Joseph
Lett, Emory B.	Loogootee	Daviess-Martin
Lett, James C.	Greencastle	Putnam
Levatin, Bernard I.	South Bend	St. Joseph
Levi, Leon	Indianapolis	Marion
Levin, Harvey J.	Hammond	Lake
Lewis, Earl	Indianapolis	Marion
Lewis, George N.	Bloomington	Owen-Monroe
Lewis, James R.	Richmond	Wayne-Union
Lewis, Lucien A.	Gary	Lake
Lewis, Paul S.	Indianapolis	Marion
Lewis, William R.	Gary	Lake
Ley, Glen D.	Bloomington	Owen-Monroe
Libbert, Edwin L. (S)	Columbus	Bartholomew-Brown
Libunao, Artemio S.	Versailles	Ripley
Lichtenberg, Melvin	Indianapolis	Marion
Liddell, Charles K.	Michigan City	La Porte
Lidikay, Edward C.	Indianapolis	Marion
Liebschutz, Norman H.	Indianapolis	Marion
Life, Homer L.	New Castle	Henry
Lind, Jaap J.	Lafayette	Tippecanoe
Lindenborg, Paul G.	Indianapolis	Marion
Lindsay, Hamlin B.	Washington	Daviess-Martin
Lindseth, Richard E.	Indianapolis	Marion
Ling, John F.	Richmond	Wayne-Union
Lingeman, Raleigh E.	Indianapolis	Marion
Link, Charles W., Jr.	Greenwood	Johnson
Link, Goethe (S)	Indianapolis	Marion
Link, William C.	Bloomington	Owen-Monroe
Linson, John C.	Seymour	Jackson-Jennings
Lionberger, John R.	South Bend	St. Joseph
Lipschutz, Harold	Gary	Lake
Lipsey, Alfred J.	Gary	Lake
Liss, Emanuel C.	South Bend	St. Joseph
Littlefield, Paul A.	Indianapolis	Marion
Littlefield, Shirley D.	Indianapolis	Marion
Litzenberger, Sam W.	Jupiter, Fla.	Madison
Lloyd, Frank P.	Indianapolis	Marion
Lloyd, Joe R.	Noblesville	Hamilton
Lloyd, Robert P.	Fort Wayne	Allen
Lo, Loretta S. Y.	Terre Haute	Vigo
Locke, Robert A.	APO, New York, N.Y.	Marion
Lockhart, Jack M.	Connersville	Fayette-Franklin
Lockhart, Philip B.	South Bend	St. Joseph
Lodde, Marvin B.	Kokomo	Howard
Loehr, William M.	Indianapolis	Marion
Loewenstein, Werner L.	Terre Haute	Vigo
Loftman, Bert A.	Ft. Lewis, Wash.	Lake
Logan, James Z.	Richmond	Wayne-Union
Logan, Patrick C.	Indianapolis	Marion
Logan, Richard S.	Fort Wayne	Allen
Lohman, Robert M.	Fort Wayne	Allen
Lohmuller, Herbert W.	Bluffton	Wells
Lohoff, Lewis C.	Tell City	Perry
Loh, Hwei-Ya (Chang)	Gary	Lake
Loh, Wei-Ping	Gary	Lake
Long, Keith J.	Munster	Lake
Long, Max R.	Marion	Grant
Long, Paul L.	Anderson	Madison
Longshore, Robert E.	Indianapolis	Howard
Longstaff, John P.	Evansville	Vanderburgh
Lonngren, Dudley H.	Marion	Grant
Loomis, Charles H.	Richmond	Wayne-Union
Loomis, Norman S. (S)	Indianapolis	Marion
Loop, Frederick A.	Lafayette	Tippecanoe
Lopez, Alfonso	Portland	Jay
Lopez, Filemon P.	Dyer	Lake
Lopez, Efran R.	Kokomo	Howard
Lopez, Santiago A.	Gary	Lake
Lord, Glenn C.	Indianapolis	Marion
Lord, Thomas J.	Indianapolis	Marion
Lorenty, Thaddeus B.	Gary	Lake
Lorman, James G.	Fort Wayne	Allen
Lo Sasso, Alvin M.	Indianapolis	Marion
Louden, Robert W.	Indianapolis	Marion
Loudermilk, Jack L.	Fort Wayne	Allen
Love, George N.	Indianapolis	Marion
Love, John W.	Madison	Jefferson-Switzerland
Love, V. Logan	Fort Wayne	Grant
Lovell, Martin H. (S)	Gary	Lake
Lovett, Harvey D.	Zionsville	Boone
Loving, Jury B.	New Goshen	Vigo
Lowe, John C.	Indianapolis	Marion
Lozow, David	Indianapolis	Marion
Lucas, Clarence A., Jr.	Indianapolis	Marion
Luce, John W.	Michigan City	LaPorte
Luckey, James E.	Fort Wayne	Allen
Ludwig, Paul E.	Crawfordsville	Montgomery
Luginbill, Howard M.	Indianapolis	Marion
Lukemeyer, George T.	Indianapolis	Marion
Lukemeyer, St. John (S)	Jasper	Dubois
Lundblad, Wilfred M.	Bloomington	Owen-Monroe
Lundeberg, Ralph A.	Griffith	Lake
Lundt, Milo O.	Elkhart	Elkhart
Lunsford, Thomas E.	Indianapolis	Marion
Luros, J. Theodore	Indianapolis	Marion
Luther, William C.	Elkhart	Elkhart
Lutz, Andreas L.	Highland	Lake
Lutz, Georgianna (S)	Gary	Lake
Luzadder, John E.	New Carlisle	St. Joseph
Lybrook, William B.	Indianapolis	Marion
Lynch, Harold D.	Evansville	Vanderburgh
Lynch, William A.	Indianapolis	Marion
Lynn, Gene E.	Indianapolis	Marion
Lyon, Florence M.	Portland	Jay
Lyon, William C.	Fort Wayne	Allen
Lyons, L. Mason	Terre Haute	Vigo
Lyons, Robert E.	Bloomington	Owen-Monroe
Lyster, Richard F.	Fort Wayne	Allen
Lytwakiwsky, Anatol	Gary	Lake

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Name	City	County
MacDonell, Eldred H.	South Bend	St. Joseph
MacDougall, John D.	Indianapolis	Marion
MacKenzie, Pierce	Evansville	Vanderburgh
MacLeod, John K.	South Bend	St. Joseph
MacQuigg, David E.	Indianapolis	Johnson
McAdams, Hugh B.	West Lafayette	Tippecanoe
McAdams, Robert	Lafayette	Tippecanoe
McAfee, George J.	Fort Wayne	Allen
McAfee, James R.	Lebanon	Boone
McAleese, George B.	Terre Haute	Vigo

Name	City	County
McAlpine, Richard J.	Indianapolis	Marion
McAree, Francis E., Jr.	Indianapolis	Marion
McArt, Bruce A.	Elkhart	Elkhart
McAtee, Ott B.	Madison	Jefferson-Switzerland
McBride, James S. (S)	Indianapolis	Marion
McBride, Noel S.	Terre Haute	Vigo
McCalla, Charles X.	Paoli	Orange
McCallister, John W.	Fort Wayne	Allen
McCallister, Larry L.	Muncie	Delaware-Blackford
McCallum, Donald C.	Indianapolis	Marion
McCallum, Robert N.	Indianapolis	Marion
McCarthy, Daniel F., Jr.	Indianapolis	Marion
McCartney, Donald H.	Indianapolis	Marion
McCarty, Virgil (S)	Princeton	Gibson
McCaslin, Charles W.	Bluffton	Wells
McClain, Edwin S.	Indianapolis	Marion
McClain, Marvin L.	Scottsburg	Scott
McClary, Charles W.	Bloomington	Owen-Monroe
McClintock, James A.	Muncie	Delaware-Blackford
McClure, Clark	Knox	Starke
McClure, Glen	Sullivan	Sullivan
McClure, Stanley E.	Monon	White
McClure, Warren N.	Kokomo	Howard
McConnell, William C.	Sunman	Ripley
McCool, Joseph H.	Evansville	Vanderburgh
McCormick, Charles O., Jr.	Indianapolis	Marion
McCoy, Roy R.	Fort Wayne	Allen
McCraley, William J.	South Bend	St. Joseph
McCrea, Fred R.	Terre Haute	Vigo
McCullough, Henry G.	Columbus	Bartholomew-Brown
McCullough, James Y.	New Albany	Floyd
McDaniel, Edwin C.	Indianapolis	Marion
McDonald, Frank C.	New Castle	Henry
McDonald, Joseph D.	Evansville	Vanderburgh
McDonald, Virgil G. (S)	Anderson	Madison
McDonald, Walter E.	Gary	Lake
McDougal, Robert A.	Indianapolis	Marion
McDowell, Fletcher W.	Muncie	Delaware-Blackford
McDowell, George A.	Fort Wayne	Allen
McDowell, Mordecai M.	Vincennes	Knox
McEachern, Cecil G.	Fort Wayne	Allen
McElroy, James S.	New Castle	Henry
McElroy, James T.	Indianapolis	Marion
McElroy, Robert S.	Princeton	Gibson
McEwen, James W.	Terre Haute	Vigo
McFadden, James M.	Lafayette	Tippecanoe
McFadden, Wilbur D.	North Manchester	Wabash
McFarland, Corley B.	South Bend	St. Joseph
McGrath, Michael F.	Indianapolis	Marion
McGue, Frank J.	Michigan City	La Porte
McIlroy, Richard J.	Richmond	Wayne-Union
McIndoo, Ralph E. (S)	Kokomo	Howard
McInerney, Gerald T.	Michigan City	LaPorte
McIntire, Clarence R.	Bloomington	Owen-Monroe
McIntosh, John E.	Zionsville	Marion
McIntosh, Wilbert	Riley	Vigo
McIntyre, James M.	Indianapolis	Marion
McKechnie, Robert K.	Jeffersonville	Clark
McKee, Harry G.	Rushville	Rush
McKee, Roy G.	New Castle	Henry
McKeeman, Donald H.	Fort Wayne	Allen
McKeen, Charles L.	Bloomington	Owen-Monroe
McKeever, Joseph W.	Marion	Grant
McKinley, A. David	Indianapolis	Marion
McKinley, Joseph	Lafayette	Tippecanoe
McKinney, Daniel H.	Omaha, Neb.	Tippecanoe
McKinney, Donald L.	Otterbein	Benton
McKittrick, Jack	Washington	Daviess-Martin
McLaren, Daniel E.	Indianapolis	Marion
McLaughlin, Gordon C.	Terre Haute	Vigo
McLaughlin, James R.	Warren	Huntington
McMahan, Virgil C.	Vincennes	Knox
McMath, Samuel B.	Gary	Lake
McMeel, James	South Bend	St. Joseph
McNaughton, Lawrence	Crane	Daviess-Martin
McNeely, Matthew J. (S)	Dillsboro	Dearborn-Ohio
McNutt, Cyrus C.	Indianapolis	Marion
McPherson, Richard C.	Lafayette	Tippecanoe
McPike, Joseph D.	Bedford	Lawrence
McQuade, John A.	South Bend	St. Joseph
McQuiston, Ralph J.	Indianapolis	Marion
McVey, Clarence A. (S)	Hammond	Lake
McWilliams, William B. (S)	Liberty	Wayne-Union
Machledt, John H.	Greenwood	Johnson
Macias, Rafael	South Bend	St. Joseph
Mackel, Frederick O.	Fort Wayne	Allen
Mackey, John E.	Indianapolis	Marion
Macri, Paul A.	Mishawaka	St. Joseph
Macy, George W.	Columbus	Bartholomew-Brown
Madlang, Rodolfo M.	Munster	Lake
Madden, Robert J.	Beech Grove	Marion
Mader, John H.	Richmond	Wayne-Union
Madrilejo, Nora G.	Gary	Lake
Madrilejo, Roberto B.	Munster	Lake
Madtson, A. Ricks	Indianapolis	Marion
Magnuson, Charles W.	South Bend	St. Joseph
Mahank, Camiel C.	Mishawaka	St. Joseph
Makovsky, Theodore	Valparaiso	Porter
Maldia, Godofredo	Garrett	Allen
Malloy, Francis E., Jr.	Indianapolis	Marion
Malone, Leander A.	Terre Haute	Vigo
Malott, Fred R.	Converse	Grant
Malouf, Stephen D. (S)	Bloomington, Ill.	Miami
Mamaril, Blas F.	Logansport	Cass
Manalo, Francisco S.	Gary	Lake
Mandelbaum, Isidore	Indianapolis	Marion
Manders, Karl L.	Indianapolis	Marion
Manhart, Doyle B.	Sheridan	Hamilton
Manifold, Harold M.	Bloomington	Owen-Monroe
Manion, Marlow W.	Indianapolis	Marion
Mankin, William J.	Terre Haute	Vigo
Manley, Floyd	Hammond	Lake
Mann, Mortimer	Indianapolis	Marion
Mann, Richard E.	Fort Wayne	Allen
Manning, George C.	Fort Wayne	Allen
Manning, K. Randolph	Indianapolis	Marion
Mannion, Rodney A.	Michigan City	La Porte
Manship, C. Stanley	Hardinsburg	Washington
Mansueto, Mario D.	Munster	Lake
Manzie, Michael W.	Indianapolis	Marion
Maple, James B. (S)	Sullivan	Sullivan
Marchand, Edwin V. (S)	Haubstadt	Gibson
Marchant, Clarence H.	Bloomington	Owen-Monroe
Marcus, Morris C. (S)	Gary	Lake
Mark, George A.	Elkhart	Elkhart
Markle, Joseph G.	Hobart	Lake
Marks, Howard H.	Huntington	Huntington
Marks, John S., Jr.	Indianapolis	Marion
Marks, Ora L.	East Chicago	Lake
Marks, Salvo P.	Hammond	Lake
Maroc, James A.	Munster	Lake
Maroon, Joseph C.	Indianapolis	Marion
Marquinez, Adoracion	Hammond	Lake
Marquis, Gordon	South Bend	St. Joseph
Marr, Griffith	Columbus	Bartholomew-Brown
Marsh, Carl M.	Indianapolis	Marion
Marsh, George W.	Lafayette	Tippecanoe
Marshall, Cavins R. (S)	Indianapolis	Marion

Name	City	County
Marshall W. J., Jr.	Munster	Lake
Marske, Robert L.	Michigan City	La Porte
Martin, Allen S.	Shipshewana	LaGrange
Martin, Charles F., Jr.	South Bend	St. Joseph
Martin, Freeman	Indianapolis	Marion
Martin, Hugh E.	Indianapolis	Marion
Martin, Joe M.	Rochester, Minn.	Tippecanoe
Martin, Loren H.	Indianapolis	Marion
Martin, Noel J.	Boonville	Warrick
Martin, Paul H.	Elkhart	Elkhart
Martin, Samuel W.	Corydon	Harrison-Crawford
Martino, Robert S.	Gary	Lake
Martires, N. A.	East Chicago	Lake
Martz, Bill L.	Indianapolis	Marion
Martz, Carl D.	Indianapolis	Marion
Marvel, Howard R.	Lafayette	Tippecanoe
Marvel, James A.	Evansville	Vanderburgh
Marvel, Robert J.	Greencastle	Putnam
Masbaum, Ned P.	Indianapolis	Marion
Maschmeyer, Robert H.	Logansport	Cass
Mason, Bernard A.	South Bend	St. Joseph
Mason, Donald G.	Angola	Steuben
Mason, Earl	Gary	Lake
Mason, Everett E.	Evansville	Vanderburgh
Mason, John C.	Munster	Lake
Mason, Lester M.	Terre Haute	Vigo
Mason, Richard L.	Hammond	Lake
Massanari, Walter S.	Goshen	Elkhart
Masters, John M. (S)	Indianapolis	Marion
Masters, Robert J. (S)	Indianapolis	Marion
Mastrangelo, M. J.	Fort Wayne	Allen
Mather, Charles R.	Lafayette	Tippecanoe
Mather, Glenn B.	Bloomington	Owen-Monroe
Mather, J. Winford (S)	East Gary	Lake
Mather, Robert L.	Lafayette	Tippecanoe
Mathews, James R.	Evansville	Vanderburgh
Mathewson, Russell C.	Muncie	Delaware-Blackford
Matter, Milton, Jr.	Terre Haute	Vigo
Matthew, John R.	Knox	Starke
Matthew, W. Burleigh	Indianapolis	Marion
Matthews, Bernard J. (S)	Indianapolis	Marion
Matthews, William M.	Indianapolis	Marion
Mattox, Dean L.	Howe	LaGrange
Mattox, Don M.	Terre Haute	Vigo
Matzen, Richard N.	Bluffton	Wells
Maurer, J. Frank	Brazil	Clay
Maurer, Robert M.	Brazil	Clay
Mauzy, Merritt C.	South Bend	St. Joseph
Maxam, B. T.	Indianapolis	Marion
Maxson, Roy V.	Kokomo	Howard
Maxwell, Sam B.	Indianapolis	Marion
May, A. J.	New Castle	Henry
May, R. Milton	Laconia	Harrison-Crawford
Mayock, Peter P.	Bluffton	Wells
Mayorga, Alfredo	Gary	Lake
Mead, Frank E.	La Porte	La Porte
Mealey, John, Jr.	Indianapolis	Marion
Medina, Angelina V.	Munster	Lake
Medina, Herbert M.	Hammond	Lake
Megenhardt, Dennis S.	Indianapolis	Marion
Megremis, Theodore L.	Bloomington	Owen-Monroe
Mehne, Richard G.	Brazil	Clay
Meier, Donald W.	Bluffton	Wells
Meiks, Lyman T.	Indianapolis	Marion
Meiser, Robert D.	Huntington	Huntington
Meissel, Robert L.	Terre Haute	Vigo
Meister, Doris (S)	Anderson	Madison
Mejia, Ivan	Fort Wayne	Allen
Melin, John R.	Indianapolis	Marion
Mellinger, Michael O.	LaGrange	LaGrange
Mendelson, Stanley M.	Kokomo	Howard
Mendez, Carlos (S)	Westville	LaPorte
Mendoza, Felicisimo S.	Cambridge City	Wayne-Union
Mensch, James R.	Fort Wayne	Allen
Mentendiek, Maurice H.	Indianapolis	Marion
Mentzer, William G.	Lafayette	Tippecanoe
Mercado, Zenaida	Indianapolis	Marion
Mercer, Samuel R.	Fort Wayne	Allen
Mericle, Earl W.	Indianapolis	Marion
Mernitz, Roland B., Jr.	Wabash	Wabash
Merritt, A. Donald	Indianapolis	Marion
Mershon, Jack B.	Indianapolis	Marion
Mertz, John H. O.	Indianapolis	Marion
Messer, Frank W. (S)	Kendallville	Noble
Metcalfe, Grant E.	South Bend	St. Joseph
Meyer, Claude J.	Sellersburg	Clark
Meyer, Hans	Michigan City	La Porte
Meyer, Herman A.	Fort Wayne	Allen
Meyer, Theodore O.	Fort Wayne	Allen
Michael, Amos	Indianapolis	Marion
Michael, Isaac E.	Indianapolis	Marion
Michael, Robert L.	Kokomo	Howard
Michaelis, Stephen C.	Fort Wayne	Allen
Middleton, Harvey N. (S)	Indianapolis	Marion
Middleton, Ramona J.	Elkhart	Elkhart
Middleton, Thomas O.	Bloomington	Owen-Monroe
Miethke, Richard P.	Anderson	Madison
Miklozek, John E.	Terre Haute	Vigo
Milan, Joseph F.	Bloomington	Owen-Monroe
Milan, Shijachki D.	East Chicago	Lake
Milius, Elena	Gary	Lake
Millan, Felix	Indianapolis	Marion
Miller, Albert J.	Lafayette	Tippecanoe
Miller, Charles L.	Vincennes	Knox
Miller, Dan T. (S)	Fowler	Benton
Miller, Don E.	Fort Wayne	Allen
Miller, Donald C.	Cedar Lake	Lake
Miller, Edward D.	Birmingham, Ala.	Allen
Miller, Frank H.	Indianapolis	Marion
Miller, Galen R.	Elkhart	Elkhart
Miller, Gerald L.	Markle	Wells
Miller, H. Allison	Marion	Grant
Miller, H. Paul	Fort Wayne	Allen
Miller, Harold E.	Seymour	Jackson-Jennings
Miller, Harold L.	Richmond	Wayne-Union
Miller, Hugh A., Jr.	Elkhart	Elkhart
Miller, James	Wakarusa	Elkhart
Miller, James C.	Greensburg	Decatur
Miller, Jerry A.	Indianapolis	Marion
Miller, Jerry R.	Indianapolis	Marion
Miller, John D.	Indianapolis	Marion
Miller, John M.	Bloomington	Owen-Monroe
Miller, Joseph A.	Oaklandon	Hancock
Miller, Kenneth D.	Woodburn	Allen
Miller, L. Hoyt	Indianapolis	Marion
Miller, LaVerne B.	Evansville	Vanderburgh
Miller, Marshall S.	Evansville	Vanderburgh
Miller, Maurice	Michigan City	La Porte
Miller, Milton J.	Evansville	Vanderburgh
Miller, Orval J.	Fort Wayne	Allen
Miller, Ray D.	Martinsville	Morgan
Miller, Richard C.	Shelbyville	Shelby
Miller, Richard H.	Fort Wayne	Allen
Miller, Robert B.	Fort Wayne	Allen
Miller, Robert J.	Paragon	Morgan
Miller, Roland E.	Lafayette	Tippecanoe
Miller, Roscoe E.	Indianapolis	Marion
Miller, Samuel T. (S)	Elkhart	Elkhart
Miller, Virgil C.	Akron	Fulton
Miller, Wayne S.	Huntington	Allen
Miller, William A. (S)	Hagerstown	Henry
Miller, William J.	Fort Wayne	Allen
Miller, William J.	Lafayette	Tippecanoe

Name	City	County
Millis, Arthur B.	Richmond	Wayne-Union
Millis, Samuel C.	Crawfordsville	Montgomery
Mills, Fred E.	Evansville	Vanderburgh
Mills, John F.	Wabash	Wabash
Milne, Walter S.	Michigan City	La Porte
Milos, Robert J.	Gary	Lake
Min, David	East Chicago	Lake
Minczewski, Richard C.	Gary	Lake
Minick, Linus J.	Churubusco	Whitley
Mininger, Edward P.	Elkhart	Elkhart
Mino, Robert A.	Evansville	Vanderburgh
Minter, Donald L.	Goshen	Elkhart
Mintz, Alfred M.	Munster	Lake
Mirich, Ernest C.	Merrillville	Lake
Mirro, John A.	Gary	Lake
Misch, William	Cedar Lake	Lake
Mishkin, Fred S.	Indianapolis	Marion
Mishkin, Irving	Elkhart	Elkhart
Mishkin, Marvin	Elkhart	Elkhart
Mishler, Joe B.	Pierceton	Whitley
Mitchell, George H.	Indianapolis	Marion
Mitchell, Georgia B.	Gary	Lake
Mitchell, James	Bloomington	Owen-Monroe
Mitchell, John B.	Evansville	Vanderburgh
Mitchell, John R.	Terre Haute	Vigo
Mladick, Edward A.	Michigan City	La Porte
Moak, Glenn D.	Indianapolis	Marion
Moats, Carl F.	Fort Wayne	Allen
Moats, George E. (S)	Fort Wayne	Allen
Moayad, Cyrus	Valparaiso	Porter
Mock, Harry E., Jr.	Franklin	Johnson
Mock, L. Farrell	Bluffton	Wells
Modisett, Jackson W.	Madison	Jefferson-Switzerland
Modisett, Marcella S.	Madison	Jefferson-Switzerland
Modjeski, Joseph R.	Griffith	Lake
Moe, John F.	Indianapolis	Marion
Moeller, Victor C.	Fort Wayne	Allen
Moenning, John E.	Greenfield	Hancock
Moheban, Joseph	Shelbyville	Shelby
Mohler, Floyd W.	Columbus	Bartholomew-Brown
Molengraft, Cornelius J.	Gary	Lake
Moleski, Walter L.	APO, San Francisco, Calif.	Lake
Monar, Michael	Rockport	Spencer
Moneyhun, James E.	Anderson	Madison
Monroe, F. Bruce	Merrillville	Lake
Montecillo, Antolin M.	Clinton	Parke-Vermillion
Montes, Herminio Y.	Hammond	Lake
Montgomery, Lall G.	Muncie	Delaware-Blackford
Montgomery, Ralph F.	Muncie	Delaware-Blackford
Montgomery, W. Foster	Washington, D.C.	Marion
Moon, Charles E.	Brazil	Clay
Moore, Donald F.	Indianapolis	Marion
Moore, Edwin G.	Gary	Lake
Moore, Gene	Terre Haute	Vigo
Moore, Harold T.	Indianapolis	Marion
Moore, Jack C.	Muncie	Delaware-Blackford
Moore, John M.	Kokomo	Howard
Moore, Robert G. (S)	Vincennes	Knox
Moore, Thomas S.	Indianapolis	Marion
Moore, William C. (S)	Muncie	Delaware-Blackford
Moore, William G.	La Porte	La Porte
Moores, William B.	Indianapolis	Marion
Moosey, Louis	Union Mills	La Porte
Moran, Thomas E.	Indianapolis	Marion
Morchan, Samuel	Indianapolis	Marion
Morec, George J.	New Castle	Henry
Morey, Edwin E.	Fort Wayne	Allen
Morford, Guy	Bloomington	Owen-Monroe
Morgan, Margaret E.	Indianapolis	Marion
Morgan, Milton M.	Fort Wayne	Allen
Moriarty, John R.	Indianapolis	Marion
Morrical, David L.	Logansport	Cass
Morrical, Russell J.	Logansport	Cass
Morris, Jean W.	Muncie	Delaware-Blackford
Morris, Robert A.	Anderson	Madison
Morris, Warren V.	Monticello	White
Morris, William H.	Munster	Lake
Morrison, George G., Jr.	Lawrenceburg	Dearborn-Ohio
Morrison, James T.	Greensburg	Decatur
Morrison, Lewis E.	Indianapolis	Marion
Morrow, Robert J.	Bedford	Lawrence
Morse, Robert P.	Indianapolis	Marion
Mortenson, Leland J. (S)	Fort Wayne	Allen
Morton, Joseph L.	Indianapolis	Marion
Morton, Philip M.	Indianapolis	Marion
Morton, Walter P. (S)	Indianapolis	Marion
Moser, Arthur L.	Warsaw	Kosciusko
Moser, Elmer B. (S)	Windfall	Tipton
Moser, Rollin H. (S)	Land O'Lakes, Wis.	Marion
Moses, George E. (S)	Worthington	Greene
Moses, Robert E.	Worthington	Greene
Moss, Bobby L.	Indianapolis	Marion
Moss, Harlan B.	Indianapolis	Marion
Moss, Herschel C.	Indianapolis	Marion
Moss, Mavor J.	Muncie	Delaware-Blackford
Mothersill, Mark H. (S)	Indianapolis	Marion
Mott, Cassell A. (S)	South Bend	St. Joseph
Mott, William H.	Gary	Lake
Moulton, Lillian G. (S)	Evansville	Vanderburgh
Mount, James L.	Bedford	Lawrence
Mount, Mathias S.	Bloomfield	Greene
Mount, William M.	Lafayette	Tippecanoe
Mountain, Francis B.	Connersville	Fayette-Franklin
Mouser, Robert W.	Indianapolis	Marion
Mudd, Joseph P.	Clarksville	Clark
Mudrony-Szoke, Jeno B.	Bluffton	Wells
Muelchi, Adeline F. (S)	Evansville	Vanderburgh
Mullen, James B.	Indianapolis	Marion
Mueller, Edwin C.	La Porte	La Porte
Mueller, Hilbert M.	South Bend	St. Joseph
Mueller, Lawrence W.	Fort Wayne	Allen
Mukhtar, Fuad A.	Lebanon	Boone
Muller, Lullus P.	Indianapolis	Marion
Muller, Paul F.	Indianapolis	Marion
Muller, Victor H.	Indianapolis	Marion
Mullican, William S.	Evansville	Vanderburgh
Munoz, Jose C.	Fort Wayne	Grant
Murdock, Harvey L. (S)	Fort Wayne	Allen
Murphy, Edward U.	Evansville	Vanderburgh
Murphy, Joseph F.	Lansing, Ill.	Lake
Murphy, Josephine F.	South Bend	St. Joseph
Murray, Ernest C.	Kokomo	Howard
Murray, John S.	Vincennes	Knox
Murray, Raymond H.	Indianapolis	Marion
Murray, William E.	New Castle	Henry
Musselman, Glen G.	Terre Haute	Vigo
Musselman, Lawrence K.	Marion	Grant
Myer, Claude	Sellersburg	Clark
Myers, Charles W. (S)	Indianapolis	Marion
Myers, Philip R.	South Bend	St. Joseph
Myers, Roy V. (S)	West Palm Beach, Fla.	Marion

N

Nagan, Robert F.	Indianapolis	Marion
Nason, Robert A.	Garrett	De Kalb

Name	City	County
Nasser, William K.	Indianapolis	Marion
Nation, Robert D.	Indianapolis	Marion
Navin, Hugh K.	Fortville	Hancock
Navarre, Vincent J.	Munster	Lake
Nay, Ernest O. (S)	Terre Haute	Vigo
Nay, Richard M.	Indianapolis	Marion
Nazon, Yvon J.	Gary	Lake
Neal, Leonard W.	Munster	Lake
Neale, Alfred E.	Anderson	Madison
Neathamer, Thomas A.	Scottsburg	Scott
Nedelkoff, Bogdan	New Albany	Floyd
Need, David J.	Indianapolis	Marion
Need, Louis T.	Indianapolis	Marion
Need, Richard L.	Indianapolis	Marion
Neher, John L.	South Bend	St. Joseph
Neidballa, Edward G.	Bristol	Elkhart
Neifert, Noel L.	Tell City	Perry
Nelson, Bryon	Columbus	Bartholomew-Brown
Nelson, Carl A.	West Lebanon	Fountain-Warren
Nelson, F. Dale	South Bend	St. Joseph
Nelson, Harold E.	Muncie	Delaware-Blackford
Nelson, Raymond E.	South Bend	St. Joseph
Nelson, Robert	South Bend	St. Joseph
Nelson, Walfred A.	Gary	Lake
Nesbit, Leonard L. (S)	Anderson	Madison
Nester, Henry G.	Indianapolis	Marion
Neudorff, Louis G.	Terre Haute	Vigo
Neukamp, Frank H.	Connersville	Fayette-Franklin
Neumann, Kenneth O.	Lafayette	Tippecanoe
Newby, Eugene	Sheridan	Hamilton
Newcomb, William K.	Royal Center	Cass
Newhouse, Margaret L.	Morristown	Shelby
Newman, Alvin E. (S)	Ft. Lauderdale, Fla.	Vanderburgh
Newman, Daniel M.	Indianapolis	Marion
Newman, Milton A.	Logansport	Cass
Newnam, Philip E.	Muncie	Delaware-Blackford
Newnum, Raymond L.	Evansville	Vanderburgh
Newsome, C. K.	Evansville	Vanderburgh
Newton, Roger E.	Evansville	Vanderburgh
Niccum, Warren L.	Columbia City	Whitley
Nicholas, Dennis J.	Indianapolis	Marion
Nichols, Anne Sackett	Greencastle	Putnam
Nichols, Robert J.	Vincennes	Knox
Nicholson, Raymond W.	Evansville	Vanderburgh
Nicosia, John B.	East Chicago	Lake
Nie, Louis W.	Indianapolis	Marion
Niedermayer, Alfred J.	Evansville	Vanderburgh
Nill, John H.	Fort Wayne	Allen
Nixon, Byron (S)	Farmland	Randolph
Noblitt, James S. (S)	Rockville	Parke-Vermillion
Noe, Joseph T.	East Chicago	Lake
Noe, William R.	Bedford	Lawrence
Nohl, John M.	Indianapolis	Marion
Nolan, Gerald R.	Fort Wayne	Allen
Nolan, Robert B.	Carmel	Marion
Nolin, Richard T.	Indianapolis	Marion
Nolting, Henry F. (S)	Indianapolis	Marion
Nonte, Leo R.	Evansville	Vanderburgh
Noonan, Leo C.	Valparaiso	Porter
Norman, William H.	Indianapolis	Marion
Norris, Marvin G.	Rushville	Rush
Norris, Max S.	Indianapolis	Marion
Norton, Horace O.	Washington	Daviess-Martin
Norton, Harold J. (S)	Columbus	Bartholomew-Brown
Nourse, Myron H.	Indianapolis	Marion
Novak, Clarence G.	Michigan City	LaPorte
Noveroske, Richard J.	Evansville	Gibson
Novy, Charles A.	Garrett	De Kalb
Nowlin, William F.	Gary	Lake
Nugen, Harold	Auburn	De Kalb
Nugent, Edwin J.	Indianapolis	Marion
Nunez, Gilbert T.	Hammond	Lake
Nurnberger, John I.	Indianapolis	Marion
Nutter, Wyndham H.	Rushville	Rush
Nuval, Augusto J.	Terre Haute	Vigo

O

Name	City	County
Oak, David D., Jr.	Hanna	La Porte
Oak, David D., Sr. (S)	LaCrosse	La Porte
Oatman, Jack G.	Fort Wayne	Allen
Oberlander, Seymour	Gary	Lake
O'Brian, Earl J.	Indianapolis	Marion
O'Brian, John F.	Fort Wayne	Allen
O'Brien, Francis E.	Rensselaer	Jasper
O'Brien, Raymond J.	Michigan City	La Porte
O'Bryan, Richard B.	Columbus	Bartholomew-Brown
Oca, Clemente F.	Jeffersonville	Clark
Ochsner, Harold C.	Indianapolis	Marion
Ockermann, Kenneth R.	Rensselaer	Jasper
O'Connell, Noreen M.	Indianapolis	Marion
O'Donovan, Cornelius J.	Elkhart	Elkhart
Odrcic, Kazimir	South Bend	St. Joseph
Offutt, Andrew C.	Indianapolis	Marion
Ogle, Robert W.	Greenwood	Johnson
Olcott, Charles W.	Aurora	Dearborn-Ohio
Oldag, George E.	Elwood	Madison
Oliphant, Robert W.	Terre Haute	Vigo
Olivo, Marciano T.	Gary	Lake
Olson, Donald T.	South Bend	St. Joseph
Olson, Kenneth L.	South Bend	St. Joseph
Olson, Leslie D.	Gary	Lake
Olvey, Ottis N.	Indianapolis	Marion
Olvey, Stephen E.	Indianapolis	Marion
O'Malley, Patrick F.	South Bend	St. Joseph
Omstead, Milton	Petersburg	Pike
O'Neill, Martin J.	Valparaiso	Porter
Ong, Tiong G.	Gary	Lake
Onorato, Joseph J.	Lafayette	Tippecanoe
Onyett, Harold R.	Greenwood	Marion
Oren, William F.	South Bend	St. Joseph
Ornelas, Joseph P.	Gary	Lake
O'Rourke, Carroll	Fort Wayne	Allen
Orr, W. Robert	Mishawaka	St. Joseph
Ortiz, Ramon	Fort Wayne	Allen
Osborne, John V.	Muncie	Delaware-Blackford
Oster, Jack H.	Westville	La Porte
Ostheimer, George	Martinsville	Morgan
Oswald, Robert H.	Evansville	Vanderburgh
Oswalt, James T.	Mitchell	Lawrence
Otten, Claude F.	Indianapolis	Marion
Overly, Ross A.	Indianapolis	Marion
Overley, Toner M., Jr.	Indianapolis	Marion
Overpeck, George H. (S)	Alexandria	Madison
Overshiner, Lyman (S)	Columbus	Bartholomew-Brown
Owen, John E.	Indianapolis	Marion
Owen, Thomas F.	Alexandria	Madison
Owens, Tracy C.	Indianapolis	Marion
Owens, Walter L.	Bloomington	Owen-Monroe
Owsley, Guy A.	Hartford City	Delaware-Blackford
Owsley, William	Ft. Worth, Texas	Delaware-Blackford
Ozsezen, Bulent A.	Evansville	Vanderburgh

P

Name	City	County
Pace, Jerome V. (S)	Indianapolis	Parke-Vermillion
Paff, William A.	Elkhart	Elkhart
Page, Oliver W., Jr.	Indianapolis	Marion
Paine, George E.	Elkhart	Elkhart

Name	City	County
Painter, Donald S.	Fort Wayne	Allen
Painter, Lowell W.	Winchester	Randolph
Paje, Alfredo Q.	Greensburg	Decatur
Palmer, Barron M. F.	Hammond	Lake
Palmer, Harley P.	Franklin	Johnson
Palmer, Robert M.	Indianapolis	Marion
Palmer, Robert W.	Indianapolis	Marion
Palmer, W. Allen	Knox	Starke
Pamintuan, Florino G.	Munster	Lake
Pan, Charles C. M.	Fort Wayne	Allen
Pancner, Ronald J.	Fort Wayne	Allen
Pancost, Vernon K.	Elkhart	Elkhart
Pangan, Jesus F.	Valparaiso	Porter
Pangan, Zanita A.	Valparaiso	Porter
Panos, Constantine G.	Bluffton	Wells
Pantzer, John G., Jr.	Indianapolis	Marion
Papadopoulos, Aristides P.	Elkhart	Elkhart
Pappas, Eddie T.	Gary	Lake
Paraiso, Antonio Q.	Richmond	Wayne-Union
Paras, Jose L.	Batesville	Ripley
Pareja, Frank S.	Greenfield	Hancock
Paris, Durward W.	Kokomo	Howard
Paris, John M.	New Albany	Floyd
Park, Byron J.	Richmond	Wayne-Union
Parke, William C.	Warsaw	Kosciusko
Parker, Carey B. (S)	Fort Wayne	Allen
Parker, Carl B.	Wingate	Montgomery
Parker, E. Camille	Logansport	Cass
Parker, Francis W., Jr	Logansport	Cass
Parker, George F., Jr.	Indianapolis	Marion
Parker, Harry C. (S)	Hobart	Lake
Parker, John C.	Goodland	Newton
Parker, John F.	Indianapolis	Marion
Parker, Portia	Indianapolis	Marion
Parks, George O.	Hartford City	Delaware-Blackford
Parks, Herbert E.	Indianapolis	Marion
Parmenter, Harry B.	Vincennes	Knox
Parr, Robert L.	Indianapolis	Marion
Parratt, Louis W.	Gary	Lake
Parrish, Richard K.	Decatur	Adams
Parrot, Donald J.	Fort Wayne	Allen
Parshall, Dale B.	Elkhart	Elkhart
Parsons, Robert L.	South Bend	St. Joseph
Pascuzzi, Chris A.	South Bend	St. Joseph
Pastor, Julius W.	Evansville	Vanderburgh
Patterson, Jack W.	Fort Wayne	Allen
Patterson, Richard G.	Lafayette	Tippecanoe
Patterson, William K.	Anderson	Madison
Pattison, John D.	Marion	Grant
Paul, Eudell G.	Munster	Lake
Paul, Leonard G.	Michigan City	La Porte
Paulissen, George T.	Indianapolis	Marion
Pauszek, Robert B.	Indianapolis	Marion
Pauszek, Thomas B. (S)	South Bend	St. Joseph
Pavlick, Theodore J.	Evansville	Vanderburgh
Payne, Arthur C. (S)	East Chicago	Lake
Paynter, Morris B.	Southport	Marion
Paz, Juan A.	Indianapolis	Marion
Paz, Luis	New Castle	Henry
Peacock, Norman F.	Crawfordsville	Montgomery
Peacock, Robert C.	Muncie	Delaware-Blackford
Pearce, Roy V.	Terre Haute	Vigo
Pearcy, Marcene	Marion	Grant
Peare, Reeve B.	Huntington	Huntington
Pearson, Huey L.	Fort Wayne	Allen
Pearson, John S.	Indianapolis	Marion
Pearson, Lyman R. (S)	Clearwater, Fla.	Marion
Pearson, William E.	Wabash	Wabash
Peck, Edward A.	Hammond	Lake
Peck, Franklin B., Jr.	Indianapolis	Marion
Peck, Franklin B., Sr. (S)	Indianapolis	Marion
Peck, James F.	Princeton	Gibson
Peiffer, Geraldine M.	Hammond	Lake
Peirce, James D.	Indianapolis	Marion
Pell, Donald M.	Indianapolis	Marion
Pemberton, Jack J.	Evansville	Vanderburgh
Penn, Robert A.	East Gary	Lake
Perdomo, Octavio J.	New Albany	Floyd
Perez, Cesar R.	Michigan City	La Porte
Perez, Helio C.	Indianapolis	Marion
Perez, Hilda A.	Michigan City	La Porte
Perkins, Powell L.	Kokomo	Howard
Perkins, Thornton D.	Lebanon	Boone
Perrin, Kermit F.	Fort Wayne	Allen
Perry, Frederic G.	Fort Wayne	Allen
Person, Theodore C.	Veedersburg	Fountain-Warren
Peters, Elmer E.	Brookville	Fayette-Franklin
Peterson, Deward D.	Terre Haute	Vigo
Peterson, James A.	Elkhart	Elkhart
Peterson, Joel A. (S)	Monticello	Tippecanoe
Peterson, Ronald L.	Plymouth	Marshall
Petitjean, Harold G.	Haubstadt	Gibson
Petranoff, Theodore V. (S)	Indianapolis	Marion
Petrass, Andrew (S)	South Bend	St. Joseph
Petrich, Peter R.	Attica	Fountain-Warren
Petry, T. Neal	Delphi	Carroll
Pettis, Arthur G.	Gary	Lake
Petway, Allen P.	Madison	Jefferson-Switzerland
Peyton, Frank W.	Lafayette	Tippecanoe
Pfaff, Dudley A. (S)	Indianapolis	Marion
Pfeifer, James M.	Lawrenceburg	Dearborn-Ohio
Pfuetze, Max E.	Logansport	Cass
Phares, Robert W.	Kokomo	Howard
Phelps, Stephen R.	South Bend	St. Joseph
Philbrook, Seth S.	La Porte	La Porte
Phillips, David L.	Indianapolis	Marion
Phillips, Donald M.	Gary	Lake
Phillips, John F.	Bluffton	Wells
Phillips, John H.	Michigan City	La Porte
Phipps, Elwood B.	Logansport	Cass
Phipps, Leland K. (S)	Union City	Randolph
Pickerill, James M.	Lafayette	Tippecanoe
Pickett, Merle E.	Fort Wayne	Allen
Pickett, Robert D.	Indianapolis	Marion
Pierce, Emmett C., Jr.	Greenfield	Marion
Pierce, Gene S.	New Albany	Floyd
Pierce, Raymond O.	Indianapolis	Marion
Pierce, William J.	Bruceville	Daviess-Martin
Pierson, Howard	Gary	Lake
Pierson, Robert H.	Crawfordsville	Montgomery
Pierson, Thomas A.	New Palestine	Hancock
Pietz, David G.	Bluffton	Wells
Pike, Warren H.	Hobart	Lake
Pilcher, Jack E.	Indianapolis	Marion
Pile, Stafford W., Jr.	Indianapolis	Marion
Pilecki, Peter J.	Michigan City	La Porte
Pilot, Jean	Hammond	Lake
Pippinger, Joseph I.	Muncie	Delaware-Blackford
Pippenger, Wayne G.	Muncie	Delaware-Blackford
Pitkin, McKendree C. (S)	Martinsville	Morgan
Pittman, John N.	Indianapolis	Marion
Pitts, Neal C.	Bluffton	Wells
Pizzo, Anthony	Bloomington	Owen-Monroe
Plain, George B.	South Bend	St. Joseph
Plain, George Leroy	South Bend	St. Joseph

Name	City	County
Plank, C. Robert	Michigan City	La Porte
Plasterer, Edward D.	Richmond	Wayne-Union
Platis, James M.	Gary	Lake
Pletcher, William D.	Elkhart	Elkhart
Ploetner, Edward J.	Jasper	Dubois
Ploughe, Ralph R.	Elwood	Madison
Poehler, Fred C.	La Fontaine	Wabash
Polhemus, Warren C.	Anderson	Madison
Polite, Nicholas L.	Hammond	Lake
Polydefkis, Dimitri	Munster	Lake
Poncher, John R.	Valparaiso	Porter
Pontius, Edwin E.	Indianapolis	Marion
Poolitsan, George C.	Bloomington	Owen-Monroe
Pope, Howard A.	New Albany	Floyd
Popp, Milton F.	Fort Wayne	Allen
Popplewell, Arvine G.	Indianapolis	Marion
Poracky, Bernard F.	Merrillville	Lake
Porro, Francis W.	Evansville	Vanderburgh
Porter, Carl M.	Jasonville	Greene
Porter, Edward A. (S)	Westport	Decatur
Porter, Frederick H.	Columbus, Tenn.	Delaware-Blackford
Porter, George S.	Richmond	Wayne-Union
Porter, Jack	Lebanon	Boone
Porter, Robert A.	Westport	Decatur
Portney, Fred R.	Munster	Lake
Powell, J. Paxton	Marion	Grant
Powell, M. Jack	Fort Wayne	Allen
Powell, Richard C.	Indianapolis	Marion
Prather, Philip E.	Kokomo	Howard
Pratt, George B. III	Indianapolis	Marion
Pratt, Ralph M., Jr.	Madison	Jefferson-Switzerland
Predd, Adolph C.	La Porte	La Porte
Predd, Florian	Indianapolis	Marion
Premuda, Franklin F.	Hammond	Lake
Prentiss, Nelson H. (S)	Oteen, N. C.	Allen
Present, Julian D.	Evansville	Vanderburgh
Pribble, Robert H.	Indianapolis	Marion
Price, Ambrose M.	Anderson	Madison
Price, Douglas W.	Nappanee	Elkhart
Price, Francis W.	Indianapolis	Marion
Price, James O.	Indianapolis	Marion
Price, Robert W.	Elkhart	Elkhart
Price, Shirley G.	Evansville	Vanderburgh
Priddy, Marvin E.	Fort Wayne	Allen
Proudfit, Charles H.	South Bend	St. Joseph
Prough, Wendell A.	Bluffton	Wells
Province, William D.	Franklin	Johnson
Pruitt, Jacob E.	Gary	Lake
Pryor, Richard C.	Indianapolis	Marion
Pugh, Willis L.	Evansville	Vanderburgh
Pullman, George R.	Warsaw	Kosciusko
Pulskamp, Bertrand H.	Wolcottville	Noble
Purcell, Richard J.	Griffith	Lake
Puterbaugh, Karl E. (S)	Albany	Delaware-Blackford
Pyle, Harold D.	South Bend	St. Joseph
Pyle, Susan K.	Union City	Randolph

Q

Name	City	County
Quakenbush, John	Kokomo	Howard
Quiambao, Hector S.	Ridgeville	Randolph
Quick, William J.	Muncie	Delaware-Blackford
Quigley, Joseph B.	Indianapolis	Marion
Quilty, Thomas J.	Goshen	Elkhart

R

Name	City	County
Rabasa, Rafael	Mishawaka	St. Joseph
Rabb, Frank M.	Indianapolis	Marion
Rabelo, John S.	Beverly Shores	Porter
Raber, Robert M.	Indianapolis	Marion
Radcliff, Forest F., Jr.	Evansville	Vanderburgh
Rader, George S.	Indianapolis	Marion
Radigan, Leo R.	Gary	Lake
Radpour, Shokri	Kokomo	Howard
Rafalski, Thomas A.	Indianapolis	Marion
Ragan, William D.	Indianapolis	Marion
Rajachar, Mathikere R.	Marion	Grant
Ralston, Marc A.	Lafayette	Tippecanoe
Ramage, Walter F.	Indianapolis	Marion
Ramey, John W. (S)	Kokomo	Howard
Ramirez, Efren A.	Indianapolis	Marion
Ramker, Daniel T.	Hammond	Lake
Ramsdell, Glen A.	Richmond	Wayne-Union
Ramsey, Frank B.	Indianapolis	Marion
Ramsey, George F.	Lafayette	Tippecanoe
Ramsey, Hugh S.	Bloomington	Owen-Monroe
Ranck, Benjamin A.	Columbus	Bartholomew-Brown
Rand, B.O.	New Albany	Floyd
Randall, Thomas A.	Lafayette	Tippecanoe
Raney, Ben B.	Linton	Greene
Rang, A. A. (S)	Washington	Daviess-Martin
Rang, Robert H.	Washington	Daviess-Martin
Rank, William B.	Fort Wayne	Allen
Ransburg, Robert C.	Fort Wayne	Allen
Rapp, George F.	Indianapolis	Marion
Rasch, George C., Jr.	Munster	Lake
Rasmussen, Ruth F.	South Bend	St. Joseph
Ratcliff, Frank W.	Lafayette	Tippecanoe
Ratcliffe, Albert W.	Evansville	Vanderburgh
Ratts, Larry D.	Bloomington	Owen-Monroe
Rau, Charles A.	Columbus	Bartholomew-Brown
Rauh, Robert A.	Wabash	Wabash
Rausch, Norman W.	Angola	Steuben
Rawlins, Carolyn M.	Munster	Lake
Rawls, George H.	Indianapolis	Marion
Ray, Carl S.	Indianapolis	Marion
Ray, James A.	Bloomington	Owen-Monroe
Raymond, James R.	Lafayette	Tippecanoe
Raymundo, Vivencio F.	Attica	Fountain-Warren
Rea, Ralph L.	Greenfield	Hancock
Rea, Thomas J.	Edwardsburg, Mich.	St. Joseph
Read, John E.	Chesterton	Porter
Receveur, Paul E.	Jeffersonville	Floyd
Receveur, Robert	New Albany	Floyd
Records, Arthur W. (S)	Franklin	Johnson
Records, John M.	Franklin	Johnson
Reed, Edsel S.	Jeffersonville	Clark
Reed, John D.	Fort Wayne	Allen
Reed, John J.	Hobart	Lake
Reed, Nelle C. (S)	Michigan City	La Porte
Reed, Philip B.	St. Petersburg, Fla.	Marion
Reed, Robert C.	Terre Haute	Vigo
Reed, Robert F.	Mishawaka	St. Joseph
Reed, Robert G., Jr.	South Bend	Marshall
Reed, Roger R.	Anderson	Madison
Reed, Ronald R.	Hammond	Lake
Reed, Thomas E.	Indianapolis	Marion
Reed, William C. (S)	Nashville	Owen-Monroe
Reeder, Henry H. (S)	Jeffersonville	Clark
Reedy, Richard L.	Muncie	Delaware-Blackford
Rees, Russel C.	Indianapolis	Marion
Reeve, Bryce L.	Whiting	Lake
Regan, George L.	Sellersburg	Clark
Reich, Clarence E.	Evansville	Vanderburgh
Reid, Charles A.	Indianapolis	Marion
Reid, Donald B.	Columbia City	Whitley
Reid, James D.	Marion	Grant
Reid, Robert M.	Columbus	Bartholomew-Brown

Name	City	County
Reid, Robert W. (S)	Union City	Randolph
Reitman, Paul H.	East Chicago	Lake
Reitz, Lawrence A.	Indianapolis	Marion
Remich, Antone C.	Munster	Lake
Renbarger, Lester L.	Marion	Grant
Rendel, Donald T.	Munster	Lake
Rendel, Harold E.	Peru	Miami
Repay, Walter A.	Munster	Lake
Reppert, Roland L.	Decatur	Adams
Ress, Gene E.	Tell City	Perry
Reszel, Paul A.	Fort Wayne	Allen
Reuter, John W.	Bedford	Lawrence
Reyes, Diego C.	Peru	Miami
Reynolds, James S.	Gary	Lake
Reynolds, Paul	Franklin	Johnson
Reynolds, Ralph E.	Middletown	Madison
Reynolds, Richard J.	Terre Haute	Vigo
Rhamy, Arthur P.	Wabash	Grant
Rhamy, Donald E.	Marion	Grant
Rhee, Sang K.	Fort Wayne	Allen
Rheinheimer, Floyd L.	Milford	Elkhart
Rhind, Alexander W. (S)	Hammond	Lake
Rhodes, Alfred K.	Lawrenceburg	Dearborn-Ohio
Rhorer, John G.	Marion	Grant
Rhynearson, Hal R.	Fortville	Hancock
Rhynearson, William R.	Fortville	Hancock
Ricchetti, Warren F.	West Lafayette	Tippecanoe
Rice, Frederic A., Jr.	Indianapolis	Marion
Rice, Katherine K.	South Bend	St. Joseph
Rice, Raymond D.	Indianapolis	Marion
Rice, Raymond M.	Indianapolis	Marion
Rice, Ronald B.	Indianapolis	Marion
Rich, Norval S.	Decatur	Adams
Rich, Richard B.	Indianapolis	Marion
Richard, Norman F.	Angola	Shelby
Richards, Alan D.	Fort Wayne	Allen
Richards, Dean	South Bend	St. Joseph
Richards, Edgar E.	Russellville	Montgomery
Richardson, Joseph D.	Rochester	Fulton
Richardson, Joseph H.	Fort Wayne	Allen
Richart, James V.	Terre Haute	Vigo
Richmond, Harold W.	Columbus	Bartholomew-Brown
Richter, Arthur B.	Indianapolis	Marion
Richter, John C.	La Porte	La Porte
Richter, Samuel	Gary	Lake
Ricketts, Joseph W. (S).	Orman Beach, Fla.	Marion
Ridgway, Alton H.	Lapel	Madison
Ridlon, Albert	Madison	Jefferson-Switzerland
Ridolfo, Anthony S.	Indianapolis	Marion
Rieger, I. Taylor	Bloomington	Owen-Monroe
Rietman, H. Jerome	Evansville	Vanderburgh
Rifner, Eugene S.	Van Buren	Grant
Rigaux, Armand J.	South Bend	St. Joseph
Rigg, John F. (S)	N. Palm Beach, Fla.	Marion
Riggs, Floyd C. (S)	Terre Haute	Vigo
Riggs, Wendell A.	Lafayette	Tippecanoe
Riley, Henry S.	Madison	Jefferson-Switzerland
Riley, Paul D.	Beech Grove	Marion
Rimel, James F.	Plymouth	Marshall
Rinehart, James J.	Kokomo	Howard
Riner, Jack K.	Indianapolis	Marion
Ringer, William A.	Williamsport	Fountain-Warren
Rinne, John I. (S)	Lapel	Madison
Riordan, John F.	Valparaiso	Lake
Ripley, John W.	Seymour	Jackson-Jennings
Rissing, Walter J.	Fort Wayne	Allen

Name	City	County
Ritchie, William D.	Evansville	Vanderburgh
Ritchey, James O.	Indianapolis	Marion
Ritteman, George W.	Franklin	Johnson
Ritter, Wayne L.	Indianapolis	Marion
Rittmeyer, Jack L.	Muncie	Delaware-Blackford
Ritz, Albert S.	Evansville	Vanderburgh
Rivers, Glynn A.	Muncie	Delaware-Blackford
Rivers, Thomas A.	Rochester, Minn.	Delaware-Blackford
Robb, John A.	Indianapolis	Marion
Robbins, Lewis C.	Indianapolis	Marion
Roberto, Benjamin V.	Austin	Scott
Roberts, Billy J.	South Bend	St. Joseph
Roberts, Warren C.	Indianapolis	Marion
Robertson, Addis N. (S)	New Albany	Floyd
Robertson, James A.	Evansville	Vanderburgh
Robertson, James S.	Plymouth	Marshall
Robertson, Robert E.	Sellersburg	Clark
Robertson, William C.	Chesterton	Porter
Robertson, William S.	Spiceland	Henry
Robinson, Earle U., Jr.	Indianapolis	Marion
Robinson, Frank C. (S)	Newport Beach, Calif.	Marion
Robinson, Nan	New Albany	Floyd
Robinson, Robert D.	Bloomington	Owen-Monroe
Robinson, Walter K.	Gary	Lake
Robison, Roger F.	Bloomington	Owen-Monroe
Roby, Alma L.	Jeffersonville	Clark
Roch, L. Marshall	Muncie	Delaware-Blackford
Rochlin, Isidore	Indianapolis	Marion
Rockey, Noah A. (S)	Ft. Lauderdale, Fla.	Allen
Roesch, Ryland P.	Indianapolis	Marion
Roeske, Nancy A.	Indianapolis	Marion
Rogers, Donald B.	Madison	Jefferson-Switzerland
Rogers, Donald L.	Indianapolis	Marion
Rogers, Evered E.	Auburn	De Kalb
Rogers, Otto F., Jr.	Bloomington	Owen-Monroe
Rogers, R. Shirrell	Terre Haute	Vigo
Rogers, Thomas P. (S)	La Jolla, Calif.	Marion
Rogge, James D.	Indianapolis	Marion
Roggenkamp, Milton W.	W. Lafayette	Tippecanoe
Rohn, Robert J.	Indianapolis	Marion
Rohrer, Bryce B.	Walkerton	St. Joseph
Rohrer, James R.	Elnora	Daviess-Martin
Roig, Jose H.	Gary	Lake
Roller, Charles W. (S)	Indianapolis	Marion
Roller, Mac C.	Franklin	Johnson
Rollins, Thomas K.	Bloomington	Owen-Monroe
Romberger, Floyd T., Jr.	Indianapolis	Marion
Romero, Plinio	East Chicago	Lake
Rommel, Clarence H.	W. Lafayette	Tippecanoe
Roof, Roger S.	Greencastle	Putnam
Roose, Lisle W.	Nappanee	Elkhart
Ropp, Harold E.	New Harmony	Posey
Rose, Robert E.	Spencer	Owen-Monroe
Rosenak, Bernard D.	Indianapolis	Marion
Rosenbaum, Irving, Jr.	Indianapolis	Marion
Rosenbaum, Lloyd E.	Anderson	Madison
Rosenberg, Gabriel J.	Indianapolis	Marion
Rosenblatt, Bernard B.	Evansville	Vanderburgh
Rosenbloom, Philip J.	Gary	Lake
Rosene, Harold A., Jr.	Terre Haute	Vigo
Rosenheimer, George M. (S)	South Bend	St. Joseph
Rosenthal, Carl	Hammond	Lake
Rosenwasser, Jacob	Mishawaka	St. Joseph
Roser, Arthur J.	Fort Wayne	Allen
Rosero, M. George	Kewanna	Marshall
Rosevear, Henry J.	Munster	Lake

Name	City	County
Ross, Alexander T.	Indianapolis	Marion
Ross, Ben R. (S)	Bloomington	Owen-Monroe
Ross, David E., Jr.	Gary	Lake
Ross, Glenn E.	Washington	Daviess-Martin
Ross, Guy E.	Anderson	Madison
Ross, James B.	Bloomington	Owen-Monroe
Rossiter, Dudley L. (S)	Fort Wayne	Allen
Roth, Bertram S.	Indianapolis	Marion
Roth, James R.	Columbia City	Whitley
Roth, Leo	Gary	Lake
Roth, Melvin I.	Gary	Lake
Rothberg, Maurice	Fort Wayne	Allen
Rothrock, Philip W.	Lafayette	Tippecanoe
Rotman, Harry G.	Jasonville	Greene
Rotman, Sam I.	Jasonville	Greene
Rouen, Robert L.	Elkhart	Elkhart
Rourke, Robert F.	Terre Haute	Vigo
Rousseau, John W.	Fort Wayne	Allen
Row, D. Hamilton	Indianapolis	Marion
Row, George S.	Osgood	Ripley
Rowe, George A.	Indianapolis	Marion
Rowe, Howard H.	Rochester	Fulton
Royer, Jerry A.	Fort Wayne	Allen
Royster, George M. (S)	Evansville	Vanderburgh
Royster, Robert A.	Evansville	Vanderburgh
Rubens, Eli	South Bend	St. Joseph
Rubin, Milton M.	Terre Haute	Vigo
Rubin, Simon S.	Gary	Lake
Rubright, Robert L.	Munster	Lake
Rucker, Warren R.	Madison	Jefferson-Switzerland
Ruddell, Karl R. (S)	Indianapolis	Marion
Ruddell, Keith R.	Indianapolis	Marion
Rudesill, Cecil L. (S)	Indianapolis	Marion
Rudesill, Robert L.	Indianapolis	Marion
Rudicel, Max	Kokomo	Howard
Rudolph, Carl J.	South Bend	St. Joseph
Rudolph, Kenneth J.	Evansville	Vanderburgh
Rudolph, Rosser A.	Muncie	Jay
Rudolph, Stephen J., Jr.	Grand Forks AFB, N. Dakota	Marion
Rudser, Donald H.	Whiting	Lake
Rudwell, George H.	Richmond	Marion
Rudy, Donald B.	Rhodesia, S. Africa	Wells
Ruff, Jerard G.	Bloomington	Owen-Monroe
Ruiz, Carlos M.	Boonville	Warrick
Runge, Paul W.	Richmond	Wayne-Union
Ruoff, William F.	New Albany	Floyd
Rupe, Lloyd O.	Elkhart	Elkhart
Rupel, Dennis F.	Elkhart	Elkhart
Rusche, Henry J.	Evansville	Vanderburgh
Rusche, Herman F.	Indianapolis	Marion
Rusche, Thomas J.	Evansville	Vanderburgh
Ruschli, Edward B. (S)	Lafayette	Tippecanoe
Rusher, Merrill W.	Bluffton	Wells
Rushmore, Charles H.	Indianapolis	Marion
Rusk, Hubert M.	Wallace	Fountain-Warren
Russell, Donald E.	Indianapolis	Marion
Russell, Henry T.	W. Lafayette	Tippecanoe
Russell, John R.	Indianapolis	Marion
Russell, Richard H.	Evansville	Vanderburgh
Russo, Andrew E.	Merrillville	Lake
Rust, Byron K.	Sarasota, Fla.	Marion
Rust, Roland B.	Indianapolis	Marion
Ruth, Martin L.	Indianapolis	Marion
Rutherford, Charles E.	Lafayette	Tippecanoe
Ryan, C. David	Columbus	Bartholomew-Brown
Ryan, Glen V.	Indianapolis	Marion
Ryan, Hubert J. (S)	Gary	Lake
Ryan, William J.	Columbus	Bartholomew-Brown

Name	City	County
S		
Saavedra, Bernardo	Gary	Lake
Sabens, James A.	Indianapolis	Marion
Sablay, Nonito M.	Gary	Lake
Safirstein, Moises	Fort Wayne	Allen
Sage, Charles V., Jr.	Richmond	Wayne-Union
Sage, Russell A., Jr.	Indianapolis	Marion
Sage, Russell A. (S)	Indianapolis	Marion
Sahlmann, Hans (S)	Fort Wayne	Allen
Saint, William K.	New Castle	Henry
Sala, Joseph J.	Gary	Lake
Sala, Walter R.	Gary	Lake
Salb, John P.	Jasper	Dubois
Salb, Leo A. (S)	Jasper	Dubois
Salon, Harry W.	Fort Wayne	Allen
Salon, Joel W.	Fort Wayne	Allen
Salon, Nathan L. (S)	Fort Wayne	Allen
Salsburg, Herbert E.	Hamlet	La Porte
Sanchez, Jose D.	La Porte	La Porte
Sanders, Bertram W.	Connersville	Fayette-Franklin
Sanders, Fred	New Augusta	Marion
Sanders, Harry M.	Indianapolis	Marion
Sanderson, Robert B.	South Bend	St. Joseph
Sandlin, Donald L.	Columbus	Bartholomew-Brown
Sandock, Louis F.	South Bend	St. Joseph
Sandoz, Harry H. (S)	South Bend	St. Joseph
Santare, Vincent J.	Munster	Lake
Santelices, Vivente B.	Fort Wayne	Allen
Santiago, Iluminada	Highland	Lake
Santschi, Don R.	East Chicago	Lake
Saperstein, Morris	Indianapolis	Marion
Sappenfield, Ralph S.	Indianapolis	Marion
Saucelo, Bart M.	South Bend	St. Joseph
Sayers, Frank E. (S)	Terre Haute	Vigo
Scales, Alfred B. (S)	Huntingburg	Dubois
Scales, Allen D.	Huntingburg	Dubois
Scamahorn, Malcolm O.	Pittsboro	Hendricks
Scea, Wallace A.	Elwood	Madison
Schaab, Eric	Fort Wayne	Allen
Schaaf, Alvin D.	Jamestown	Boone
Schaefer, Joseph C.	Shreveport, La.	Wells
Schaen, Michael D.	Dillsboro	Dearborn-Ohio
Schafer, William C.	Washington	Daviess-Martin
Schaffer, Edward V.	Indianapolis	Marion
Schaffer, James J.	Bloomington	Owen-Monroe
Schantz, Richard	Remington	Jasper
Schaphorst, Richard A.	Mishawaka	St. Joseph
Scharbrough, Wm. D.	Ewing	Jackson-Jennings
Schauwecker, Cleon M.	Greencastle	Putnam
Schechter, John S.	Indianapolis	Marion
Scheer, Alexander L.	Elkhart	Elkhart
Scheeres, Jacob W.	Lafayette	Tippecanoe
Scheeringa, Ronald H.	Fort Wayne	Allen
Scheier, Emil W. (S)	Indianapolis	Marion
Scheimann, Lois	Valparaiso	Porter
Schell, H. Richard	Bloomington	Owen-Monroe
Schenck, Ralph E.	Portland	Jay
Scherb, Burton E.	Terre Haute	Vigo
Scherschel, J. Kent	Muncie	Delaware-Blackford
Scherschel, John P.	Bedford	Lawrence
Scherschel, Thomas R.	Kokomo	Howard
Scheurich, Virgil	Oxford	Benton
Schiefer, Hildegard	Indianapolis	Marion
Schiller, Herbert A.	South Bend	St. Joseph
Schilling, Richard J.	Bloomington	Owen-Monroe
Schimmelpfennig, Robert W.	Evansville	Vanderburgh
Schirmer, Robert H.	Evansville	Vanderburgh
Schlademan, Karl R.	Fort Wayne	Allen

Name	City	County
Schlaegel, Theo. F., Jr.	Indianapolis	Marion
Schlegel, Donald M.	Indianapolis	Marion
Schleinkofer, Robert M.	Fort Wayne	Allen
Schlesinger, Daniel J.	Munster	Lake
Schloss, Robert P.	Fort Wayne	Allen
Schlossberg, Victor E., Jr.	Mishawaka	St. Joseph
Schlosser, Herbert C. (S)	Elkhart	Elkhart
Schmalhausen, Ansel W.	Indianapolis	Marion
Schmidt, Eugene E.	Fort Wayne	Allen
Schmidt, Loren F.	Indianapolis	Marion
Schmiedicke, Paul H.	W. Lafayette	Tippecanoe
Schmitt, Richard K.	Columbus	Bartholomew-Brown
Schmitt, Robert J.	Michigan City	Lake
Schmitt, Robert W.	Richmond	Wayne-Union
Schmoll, Robert J.	Fort Wayne	Allen
Schmoyer, Maurice R.	Indianapolis	Marion
Schneider, Carl J.	Indianapolis	Marion
Schneider, Charles P.	Evansville	Vanderburgh
Schneider, Kenneth D.	Columbus	Bartholomew-Brown
Schneider, Louis A.	Fort Wayne	Allen
Schneider, Paul A.	Indianapolis	Marion
Schnute, Richard B.	Indianapolis	Marion
Schoen, Frederic L.	Fort Wayne	Allen
Schoenhals, Charles E.	Fort Wayne	Allen
Schoolfield, William E.	Orleans	Orange
Schoonveld, Arthur	Brook	Newton
Schreiner, John E.	Bremen	Marshall
Schrepferman, Wayne	Hamilton	Steuben
Schriefer, Victor V.	Evansville	Vanderburgh
Schroeder, James E.	Indianapolis	Marion
Schubert, Jerome C.	Fort Wayne	Allen
Schubert, Philip C.	Fort Wayne	Allen
Schuchman, Gabriel	Indianapolis	Marion
Schuchman, Harvey A.	Indianapolis	Marion
Schulhof, Maurice G.	Muncie	Delaware-Blackford
Schultheis, Richard L.	Bloomington	Owen-Monroe
Schulz, Kurt J.	Gary	Lake
Schumacher, Richard R.	Indianapolis	Marion
Schumaker, Robert A.	Terre Haute	Vigo
Schuster, Dwight W.	Indianapolis	Marion
Schwartz, Frederick C.	Kokomo	Howard
Schwartz, Jack	Munster	Lake
Schwartz, Mary M.	Hammond	Lake
Scofield, John B.	Indianapolis	Marion
Scott, Frank M.	South Bend	St. Joseph
Scott, George E.	Indianapolis	Marion
Scott, H. Vaughn	Fort Wayne	Allen
Scott, Irvin H.	Sullivan	Sullivan
Scott, I. Winfield	Indianapolis	Marion
Scott, John R.	Indianapolis	Marion
Scott, John S.	La Porte	La Porte
Scott, Robert O.	Charlottesville	Hancock
Scott, Samuel L.	Indianapolis	Marion
Scott, V. Brown	Shelbyville	Shelby
Scudder, Arthur N.	Brownsburg	Hendricks
Scudder, Gary E.	Lawrenceburg	Dearborn-Ohio
Scudder, James P.	Fort Wayne	Allen
Scully, John T.	Gary	Lake
Scully, William E.	Terre Haute	Vigo
Seagle, William C.	Bloomington	Owen-Monroe
Seal, Perry F.	Brookville	Fayette-Franklin
Seaman, Charles F.	Indianapolis	Marion
Searight, Howard R.	Muncie	Delaware-Blackford
Searight, John L.	Indianapolis	Marion
Seat, Marshall H.	Washington	Daviess-Martin
Sebahar, Duane	Columbus	Bartholomew-Brown
Sedam, Herbert L.	Indianapolis	Marion
Seese, Robert M.	Delphi	Carroll
Seibel, Robert M.	Nashville	Bartholomew-Brown
Seipel, Stanley	Lanesville	Harrison-Crawford
Sekulich, Milo	Kokomo	Howard
Sellers, Francis M.	Mishawaka	St. Joseph
Sellmer, George W.	Indianapolis	Marion
Sennett, William K.	Macy	Miami
Senseny, Eugene F.	Fort Wayne	Allen
Serna, Carlos A.	East Chicago	Lake
Serrano, Jose F.	Munster	Lake
Seward, George W.	North Manchester	Wabash
Sexson, Hiram T.	Indianapolis	Marion
Seybert, Thomas C.	Indianapolis	Marion
Seyler, Anna G. (S)	La Verne, Calif.	Lake
Shafer, Marion R.	Indianapolis	Marion
Shafer, Richard H.	Alexandria	Madison
Shaffer, Kenneth L.	Vincennes	Knox
Shaffer, William R.	Greensburg	Decatur
Shahbahrami, Farrokh	Bloomington	Owen-Monroe
Shallenberger, Henry R.	Modoc	Randolph
Shanafelt, Donald K.	Indianapolis	Marion
Shanklin, Jack L.	Vincennes	Knox
Shanklin, Vernon A. (S)	Terre Haute	Vigo
Shanks, Ray W. (S)	Noblesville	Hamilton
Shannon, Wesley E.	Crawfordsville	Montgomery
Shapiro, Burton J.	Indianapolis	Marion
Shapiro, Joseph	Gary	Lake
Shapiro, Seymour W.	Gary	Lake
Sharp, Merle C.	South Bend	St. Joseph
Sharp, William L.	Anderson	Madison
Shattuck, John C.	Brazil	Clay
Shaw, Glenn R.	Bluffton	Wells
Shaw, Houston W.	Jeffersonville	Clark
Shaw, Matthew C.	Muncie	Delaware-Blackford
Sheehan, E. Gregg	Evansville	Vanderburgh
Sheehan, Francis G.	Beech Grove	Marion
Sheek, Kenneth I.	Greenwood	Johnson
Sheets, Charles E.	Manilla	Rush
Sheldon, Suel A.	Anderson	Madison
Sheller, Tom G.	Logansport	Cass
Shelley, Edward S.	South Bend	St. Joseph
Shelley, Richard J.	Indianapolis	Marion
Shelton, Clyde F.	New Albany	Floyd
Shepard, Fred F.	College Corner, Ohio	Wayne-Union
Sherer, Kenneth E.	Richmond	Wayne-Union
Sherman, David E.	Lafayette	Tippecanoe
Sherster, Harry	Indianapolis	Marion
Sherwood, Clarence E.	Madison, So. Dakota	Allen
Sherwood, J. Vincent (S)	Largo, Fla.	Allen
Shevick, Alexander	Valparaiso	Lake
Shields, Duncan M.	Chesterton	Porter
Shields, Jack E.	Brownstown	Jackson-Jennings
Shields, Tom S.	Richmond	Wayne-Union
Shina, Hassi	Charlestown	Clark
Shinabery, Lawerence (S)	Fort Wayne	Allen
Shipley, Edward	Indianapolis	Marion
Shively, John L.	Lafayette	Tippecanoe
Shively, Wyant J.	Evansville	Vanderburgh
Shoemaker, Richard L.	Gas City	Grant
Sholty, William M.	Lafayette	Tippecanoe

Name	City	County
Short, John A.	Richmond	Wayne-Union
Short, John T. (S)	Fort Wayne	Allen
Shortridge, Donald R.	Bedford	Lawrence
Showalter, John R.	Terre Haute	Vigo
Shriber, William H.	South Bend	St. Joseph
Shriner, Richard L.	South Bend	St. Joseph
Shriner, William C.	Terre Haute	Vigo
Shrock, Ethan E.	Amboy	Grant
Shroyer, Herbert L.	Dunkirk	Jay
Shuck, William A.	Madison	Jefferson-Switzerland
Shuck, William A., Jr.	Marion	Grant
Shugart, Robert R.	Fort Wayne	Allen
Shulruff, Harry I.	East Chicago	Lake
Shultz, Clifford	Butler	De Kalb
Shumacker, Harris B., Jr.	Indianapolis	Marion
Sibbitt, Joseph W.	Bloomington	Owen-Monroe
Sicks, Okla W. (S)	Indianapolis	Marion
Sidel, Alan W.	Fort Wayne	Allen
Sidell, James P.	New Haven	Allen
Siderys, Harry	Indianapolis	Marion
Siebe, Jack C.	Indianapolis	Marion
Siebenmorgen, Paul	Terre Haute	Vigo
Siedlecki, Edward	Richmond	Wayne-Union
Siegel, Lyle P.	Evansville	Vanderburgh
Siekierski, Joseph M.	Griffith	Lake
Siersdorfer, Theodore N. (S)	Indianapolis	Marion
Sigmond, Harvey W.	Indianapolis	Marion
Sigmund, William B.	Columbus	Bartholomew-Brown
Silbert, David B.	Shelbyville	Shelby
Siler, George B.	Whiting	Lake
Silver, Richard A.	Indianapolis	Marion
Silverman, Norman M.	Terre Haute	Vigo
Silvero, Hubert L.	Fort Wayne	Allen
Silvers, Michael	N. Manchester	Wabash
Silvian, Harry A.	Whiting	Lake
Simmons, Frederick H.	Marion	Grant
Simmons, James E.	Indianapolis	Marion
Sims, J. Lawrence	Indianapolis	Marion
Singco, Bienvenido	Greenfield	Hancock
Sinn, Charles M.	Evansville	Vanderburgh
Sirlin, Edward M.	Fort Wayne	Allen
Sirugo, Aldo C.	La Porte	La Porte
Sison, Rose D.	Terre Haute	Vigo
Sison, Vicente G.	Terre Haute	Vigo
Sisson, Norvel D.	South Bend	St. Joseph
Sixbey, Maurice D.	Denver	Miami
Skillern, Scott D.	South Bend	St. Joseph
Skomp, Claud E.	Marion	Grant
Slama, George F.	Gary	Lake
Slama, John T.	Gary	Lake
Slaughter, Howard C.	Evansville	Vanderburgh
Slaughter, John C., Jr.	Evansville	Vanderburgh
Slaughter, Owen L.	Evansville	Vanderburgh
Slichenmyer, Jack E.	Indianapolis	Marion
Slick, Crystal R.	Winchester	Randolph
Sloan, W. Keith	Madison	Jefferson-Switzerland
Slominski, Harry H. (S)	South Bend	St. Joseph
Sluss, David H. (S)	Indianapolis	Marion
Small, Iver F.	Indianapolis	Marion
Smith, A. Wilson	Greencastle	Putnam
Smith, Barton T.	Marion	Grant
Smith, C. Curtis	Fort Wayne	Allen
Smith, Charles F.	Kokomo	Howard
Smith, David L. (S)	Indianapolis	Marion
Smith, E. Rogers (S)	Indianapolis	Marion
Smith, Evrett E.	Marion	Grant
Smith, Francis C. (S)	Indianapolis	Marion
Smith, Fred, Jr.	Tell City	Perry
Smith, Gordon L.	Evansville	Vanderburgh
Smith, Herschel S.	Bloomington	Owen-Monroe
Smith, Jerald E.	Munster	Lake
Smith, John A.	LaPorte	LaPorte
Smith, John H.	Greenfield	Hancock
Smith, Lloyd H.	North Manchester	Wabash
Smith, Lowell C.	Lafayette	Tippecanoe
Smith, Mark E.	New Castle	Henry
Smith, Philip L.	Fort Wayne	Allen
Smith, Ralph O.	Vincennes	Knox
Smith, Ray C.	Indianapolis	Marion
Smith, Robert D.	Lowell	Lake
Smith, Roger C.	Fort Wayne	Allen
Smith, Roy Lee (S)	Indianapolis	Marion
Smith, Roy M., Jr.	Evansville	Vanderburgh
Smith, Stephen D.	Knightstown	Rush
Smith, Theodore J.	Sarasota, Fla.	Lake
Smitley, Roger P.	Munster	Lake
Smucker, Ernest E.	Goshen	Elkhart
Smyrniotis, Frank	Wabash	Wabash
Snapp, Richard A.	Columbus	Bartholomew-Brown
Sneary, Max E.	Avilla	Noble
Snider, Byron (S)	Escondido, Calif.	Marion
Snider, Roland	Warsaw	Kosciusko
Snively, William D., Jr.	Evansville	Vanderburgh
Snodgrass, Robert E.	Indianapolis	Marion
Snowhite, Arthur B.	Marion	Grant
Snyder, Morris C.	Richmond	Wayne-Union
Snyder, Parker W.	Peru	Miami
Snyderman, Sanford C.	Fort Wayne	Allen
Sobat, William S.	Indianapolis	Marion
Sobol, Z. W.	South Bend	St. Joseph
Sokol, Allen B.	Whiting	Lake
Solis, Roger V.	Hammond	Lake
Solomon, Reuben A. (S)	Indianapolis	Marion
Solymos, Maria	Warsaw	Kosciusko
Somerville, J. W.	Clinton	Parke-Vermillion
Sonne, Irvin H., Jr.	New Albany	Floyd
Soper, Hunter A.	Indianapolis	Marion
Sorg, David A.	Bluffton	Wells
Sorrells, George W.	Bedford	Lawrence
Souder, Bonnell M. (S)	Auburn	De Kalb
Souter, Martha C. (S)	Indianapolis	Marion
South, Dale R., Jr.	Elkhart	Elkhart
Sovine, Joe W.	Indianapolis	Marion
Spahr, Donald E.	Portland	Jay
Spahr, John F., Jr.	Indianapolis	Marion
Spain, W. Thomas	Evansville	Vanderburgh
Spalding, David L.	Mishawaka	St. Joseph
Spalding, Joseph J.	Indianapolis	Marion
Spalding, Wendell L.	Mishawaka	St. Joseph
Spangler, Jesse S. (S)	Kokomo	Howard
Sparks, Alan L.	Indianapolis	Marion
Sparks, Paul W.	Winchester	Randolph
Spears, John K.	Paoli	Orange
Spears, John M.	Indianapolis	Marion
Speas, Robert C.	Terre Haute	Vigo
Speck, Carlson R.	Muncie	Delaware-Blackford
Speckman, Glenn H.	Indianapolis	Marion
Speer, David L.	Evansville	Vanderburgh
Speer, Thomas A.	Chicago, Ill.	Lake
Spellman, Frank W.	Gary	Lake
Spellmeyer, John C.	Richmond	Wayne-Union
Spencer, Beaufort A.	Bloomington	Owen-Monroe
Spencer, Frederic	Vincennes	Knox
Spencer, C. Herbert	Fort Wayne	Allen
Spenner, Raymond W. (S)	Cassopolis, Mich.	St. Joseph
Speybroeck, Robert C.	South Bend	St. Joseph
Spindler, Richard G.	Pensacola, Fla.	Vanderburgh

Name	City	County
Spindler, Robert D.	Shelbyville	Shelby
Spivack, Mary	Gary	Lake
Spolyar, Louis W.	Indianapolis	Marion
Spray, Page E.	Elkhart	Elkhart
Sprecher, Herman C.	Evansville	Vanderburgh
Sprecher, James J. J.	La Porte	La Porte
Springstun, George H. (S)	Oaktown	Knox
Springstun, Walter R.	Evansville	Vanderburgh
Spurgeon, Charles H.	Indianapolis	Marion
Spurlock, Fae H.	W. Lafayette	Tippecanoe
Sputh, Carl B., Jr.	Indianapolis	Marion
Sroka, Stanley J.	Highland	Lake
Stadler, Harold E.	Indianapolis	Marion
Stafford, William C.	Plainfield	Hendricks
Stahl, Edward T.	Lafayette	Tippecanoe
Stallings, Hugh A.	Evansville	Vanderburgh
Stallman, Carl F.	Kendallville	Noble
Stalter, Gaylord W.	North Webster	Whitley
Stamper, Joseph H.	Anderson	Madison
Stamper, Robert J.	Anderson	Madison
Stangle, William J.	Bloomington	Owen-Monroe
Stanley, John R.	Muncie	Delaware-Blackford
Stanley, Robert G.	Fort Wayne	Allen
Stansbury, William E.	Indianapolis	Marion
Stark, William A.	Michigan City	La Porte
Starks, William O.	Anderson	Madison
Stasick, Murray	Hammond	Lake
Stauffer, George E.	Mooreland	Henry
Stauffer, Richard C.	Fort Wayne	Allen
Staunton, Henry A.	South Bend	St. Joseph
Stayton, Chester A., Jr.	Indianapolis	Marion
Steckbeck, Robert L.	Bluffton	Wells
Stecy, Peter	Whiting	Lake
Steele, Dick J.	Greencastle	Putnam
Steele, Everett B.	Merrillville	Lake
Steele, Hugh H.	Lafayette	Tippecanoe
Steele, Paul W.	Evansville	Vanderburgh
Steen, Lowell H.	Hammond	Lake
Steffen, Julius T. (S)	Wabash	Wabash
Steffy, Ralph M.	Portland	Jay
Steger, Byron L.	Indianapolis	Marion
Steigmeyer, David J.	Fort Wayne	Allen
Stein, Richard H.	Vincennes	Knox
Steinem, Joseph L.	Connersville	Fayette-Franklin
Steinmetz, Edward F.	Indianapolis	Marion
Stephens, Donald E.	Indianapolis	Marion
Stephens, James P.	Crawfordsville	Montgomery
Stephens, Kuhrman H.	Indianapolis	Marion
Stephens, Lowell R.	Covington	Fountain-Warren
Stepleton, John D.	Richmond	Wayne-Union
Stern, Mona K.	Gary	Lake
Stern, Samuel L.	Hammond	Lake
Sterne, John H.	Evansville	Vanderburgh
Steury, Ernest M.	Berne	Marion
Steussy, Calvin N.	New Castle	Henry
Stevens, Adam C.	Kendallville	Wells
Stevens, Edwin W.	Munster	Lake
Stevens, Sydney L.	Indianapolis	Marion
Stevenson, Jerry L.	Anderson	Madison
Steward, Paul W.	Cedar Lake	Lake
Stewart, J. Frank W.	Vincennes	Knox
Stewart, L. Ray	Evansville	Vanderburgh
Stibbins, Warren E.	Muncie	Delaware-Blackford
Stier, Paul L.	Fort Wayne	Allen
Stilwell, William R.	Richmond	Wayne-Union
Stine, Marshall E.	Bremen	Marshall
Stinson, Dean K.	Rochester	Fulton
Stinson, William M.	Anderson	Madison
Stiver, Daniel D.	South Bend	St. Joseph
Stoelting, J. Lewis	Terre Haute	Vigo
Stoelting, Vergil K.	Indianapolis	Marion
Stogdill, William J.	South Bend	St. Joseph
Stogsdill, Willis W.	Franklin	Johnson
Stoller, Harry J.	Plymouth	Marshall
Stoller, Leon J.	Nashville, Tenn.	Marion
Stoltz, Robert M.	Valparaiso	Porter
Stolz, Thomas J.	W. Lafayette	Benton
Stone, Alvin T.	Indianapolis	Marion
Stone, David F.	Indianapolis	Marion
Stone, Robert C.	Ligonier	Noble
Stoner, Harold E.	Bloomington	Owen-Monroe
Stookey, Richard D.	Hobart	Lake
Stoops, Jean T.	Wabash	Wabash
Storer, William R.	Indianapolis	Marion
Storey, D. Edmund	Indianapolis	Marion
Storey, Joseph L.	Indianapolis	Marion
Stork, Harvey K. (S)	Huntingburg	Dubois
Stouder, Albert E.	Kempton	Tipton
Stouder, Stephen R.	Indianapolis	Marion
Stout, Francis E.	Muncie	Delaware-Blackford
Stout, Harry T.	Frankfort	Clinton
Stovall, Alfred	Fort Wayne	Allen
Strang, William C.	Indianapolis	Marion
Stratigos, Joseph S.	South Bend	St. Joseph
Strayer, Joseph W.	Lafayette	Tippecanoe
Streck, Francis A.	Lawrenceburg	Dearborn-Ohio
Strecker, William L.	Terre Haute	Vigo
Streepey, Jefferson I.	New Albany	Floyd
Streeter, Ralph T.	Indianapolis	Marion
Stribling, James L.	Columbus	Bartholomew-Brown
Stricker, Paul J.	New Castle	Henry
Strehler, Don A.	Bluffton	Wells
Strickland, James W.	Indianapolis	Marion
Strickland, Neil R.	Indianapolis	Marion
Stringer, Drennon D.	Mishawaka	St. Joseph
Strom, Jack	East Chicago	Lake
Strueh, Paul E.	Evansville	Vanderburgh
Stubbins, William M.	Elkhart	Elkhart
Stucky, Elsworth K.	Indianapolis	Marion
Stucky, Jerry L.	Fort Wayne	Allen
Studebaker, Lloyd R.	LaGrange	LaGrange
Stump, Loyd K.	Indianapolis	Marion
Stump, Thomas A.	Indianapolis	Marion
Stumpf, Edwin E.	New Haven	Allen
Stuntz, Edgar C.	Lafayette	Tippecanoe
Sturdevant, Frank M.	Portage	Porter
Sturgis, Donald G.	Sellersburg	Clark
Suelzer, John G.	Indianapolis	Marion
Suess, Robert E.	Indianapolis	Marion
Sugarman, Benjamin E.	French Lick	Orange
Sulit, Severino T.	Hartford City	Delaware-Blackford
Sullivan, James J.	Indianapolis	Marion
Sullivan, John M.	Terre Haute	Vigo
Sullivan, Robert E.	Fort Wayne	Allen
Summerlin, Jack D.	Indianapolis	Marion
Sun, Chen T.	Hebron	Porter
Surian, Michael A.	Bloomington	Owen-Monroe
Surratt, Mary Norris	Indianapolis	Marion
Sutton, William E.	Indianapolis	Marion
Suzuki, Tsutomu T.	Covington	Fountain-Warren
Swaim, J. Franklin	Rockville	Parke-Vermillion
Swan, John R.	Indianapolis	Marion
Swan, Robert E.	Evansville	Vanderburgh
Swank, Lucretia R.	Elkhart	Elkhart
Swearingen, Alfred G.	Fort Wayne	Allen
Sweeney, Robert M.	South Bend	St. Joseph
Sweet, Howard E.	Richmond	Wayne-Union
Swihart, Danny D.	Elkhart	Elkhart
Swihart, Homer R.	Elkhart	Elkhart
Swihart, John J.	Argos	Marshall
Symmes, Alfred T.	Indianapolis	Marion
Szumilas, Peter P.	Anderson	Madison
Szynal, John S.	Indianapolis	Marion

Name	City	County
	T	
Tabaka, Francis B.	La Porte	La Porte
Talbert, Pierre C.	Bluffton	Wells
Talbott, Dan E.	Indianapolis	Marion
Tanner, Henry S.	Indianapolis	Marion
Tanrikulu, Oran	Hammond	Lake
Taraba, Ralph W.	Bloomington	Owen-Monroe
Tate, Elizabeth	Dunkirk	Jay
Tate, James	Kokomo	Howard
Taube, Jack I.	Indianapolis	Marion
Tavel, Morton E.	Indianapolis	Marion
Taylor, Clifford C.	Indianapolis	Marion
Taylor, Donald R.	Muncie	Delaware-Blackford
Taylor, Everett C.	Upland	Grant
Taylor, Frederic W.	Indianapolis	Marion
Taylor, James A.	Anderson	Madison
Taylor, John R.	Palestine, Ill.	Sullivan
Taylor, M. Reed, Jr.	Howe	LaGrange
Taylor, Robert G.	Fort Wayne	Allen
Taylor, Willis D.	Indianapolis	Marion
Teaboldt, George A., Jr.	Logansport	Cass
Teague, Frank W.	Indianapolis	Marion
Teal, Dorothy D. (S)	Columbus	Bartholomew-Brown
Teegarden, Joseph A., Jr.	East Chicago	Lake
Teixler, Victor A.	Indianapolis	Marion
Templeton, Ames R.	Mishawaka	St. Joseph
Templeton, Ian S.	Indianapolis	Jackson-Jennings
Templin, David B.	Lowell	Lake
Tennant, David	Culver	Marshall
Tepfer, Milton	Beech Grove	Marion
Teplinsky, Louis L.	East Chicago	Lake
Terrill, Richard W.	Fort Wayne	Allen
Terry, Lloyd S.	Danville	Hendricks
Terry, Robert H.	Boonville	Warrick
Test, Charles E.	Indianapolis	Marion
Teter, George V.	Indianapolis	Marion
Tether, Joseph E.	Indianapolis	Marion
Tetrick, Lain	Portage	Porter
Tharp, Donald W.	Muncie	Delaware-Blackford
Tharp, John D.	Muncie	Delaware-Blackford
Tharpe, Ray G.	Indianapolis	Marion
Thatcher, Hugh K., Jr.	Indianapolis	Marion
Thayer, Benet W.	North Vernon	Jackson-Jennings
Theobald, Sterling	Jersey Shore, Pa.	Lake
Thoman, Rex L.	Indianapolis	Marion
Thomas, Andrew C.	Greenfield	Hancock
Thomas, Charles R.	Indianapolis	Marion
Thomas, Daniel D.	Gary	Lake
Thomas, E. Paul	Indianapolis	Marion
Thomas, Fred A. (S)	Indianapolis	Marion
Thomas, Gerald J.	Gary	Lake
Thomas, Lowell I.	Indianapolis	Marion
Thomas, Michael H.	Chanute AFB, Ill.	Marion
Thomas, Morris E.	Indianapolis	Marion
Thompson, B. Jay	Marion	Grant
Thompson, Claude N.	Waynetown	Montgomery
Thompson, Frank M.	Columbia City	Whitley
Thompson, John M.	South Bend	St. Joseph
Thompson, John V.	Indianapolis	Marion
Thompson, Joseph F.	Indianapolis	Marion
Thompson, Lewis W.	Indianapolis	Marion
Thompson, Paul D.	Indianapolis	Marion
Thompson, Robert A.	South Bend	St. Joseph
Thompson, Samuel R.	Marion	Grant
Thompson, Walter T.	Jeffersonville	Clark
Thompson, Wayne H.	Indianapolis	Marion
Thompson, Wm. R.	Winamac	Pulaski
Thornton, Harold C.	Indianapolis	Marion
Thornton, Maurice J. (S)	South Bend	St. Joseph
Throop, Frank B.	Indianapolis	Marion
Thurston, Floyd E.	Bloomington	Owen-Monroe
Ticsay, Bienvenido V.	Michigan City	LaPorte
Tierney, William J.	Anderson	Madison
Tignor, Sterling P.	Kokomo	Howard
Tilden, Margaret H.	Evansville	Vanderburgh
Tiley, George A.	Greenwood	Johnson
Tilka, Edward C.	Hammond	Lake
Tillema, David A.	Lafayette	Tippecanoe
Tindall, George T.	Indianapolis	Marion
Tindall, William R.	Shelbyville	Shelby
Tinsley, Frank W.	Indianapolis	Marion
Tinsley, Walter B. (S)	Indianapolis	Marion
Tinsley, Walter B., Jr.	Indianapolis	Marion
Tipton, William R.	Greencastle	Putnam
Tirman, Wallace S.	Mishawaka	St. Joseph
Tisserand, John B., Jr.	Evansville	Vanderburgh
Todd, David D. (S)	LaJolla, Calif.	Elkhart
Tofaute, John L.	Kokomo	Howard
Tomak, Milton E.	Linton	Greene
Tomlin, Hugh M.	Muncie	Delaware-Blackford
Tomusk, August N.	Fort Wayne	Allen
Tondra, John M.	Indianapolis	Marion
Topacio, Conrado S.	Edinburg	Johnson
Topolgus, James N.	Bloomington	Owen-Monroe
Topping, Malachi C.	Terre Haute	Vigo
Torrella, Jose A.	Indianapolis	Marion
Torres, Jose	Jeffersonville	Clark
Toumey, Fred L.	Indianapolis	Marion
Toussaint, Linnie F.	Chicago, Ill.	Lake
Tower, James H., Jr.	Shelbyville	Shelby
Tower, Thomas K.	Campbellsburg	Washington
Towles, Jeff H.	Fort Wayne	Allen
Townley, Normand T.	Indianapolis	Marion
Trachtenberg, Lee	Munster	Lake
Tranter, William F.	Ft. Myers, Fla.	Tipton
Treon, James F. (S)	Aurora	Dearborn-Ohio
Trepagnier, Francis B.	Highland	Lake
Trier, Herbert P.	Fort Wayne	Allen
Trimble, John G.	Kokomo	Howard
Troeger, Thomas A.	South Bend	St. Joseph
Trout, Carl J.	Lafayette	Tippecanoe
Trout, David J.	Lafayette	Tippecanoe
Troy, Jack M.	Hammond	Lake
Troyer, Dana O.	Goshen	Elkhart
Troyer, Marlin L.	South Bend	St. Joseph
Troyer, Weldon	Goshen	Elkhart
Trudgen, Spencer F.	Indianapolis	Marion
Trusler, H. Marshall	Indianapolis	Marion
Trusler, Harold M. (S)	Temple, Texas	Marion
Tubbs, George R. (S)	Lafayette	Tippecanoe
Tuchman, Joseph H.	Indianapolis	Marion
Tucker, Warren S.	Indianapolis	Marion
Tufekcioglu, Erdogan	Valparaiso	Porter
Tuholski, James M.	Evansville	Vanderburgh
Tunnell, Harry D. III	Fort Wayne	Allen
Turgi, Robert W.	Gary	Lake
Turley, Verne L. (S)	Fowler	Benton
Turner, Anna Goss (S)	Madison	Jefferson-Switzerland
Turner, Harold B. (S)	Bloomfield	Greene
Turner, John P.	Goshen	Elkhart
Turner, Maurice A.	Martinsville	Morgan
Tutunji, Nermin D.	South Bend	St. Joseph
Tweedall, Daniel C.	Evansville	Vanderburgh
Tyler, Edward A.	Indianapolis	Marion
Tyler, Frank T. (S)	New Albany	Floyd
Tyner, Harlan H.	Indianapolis	Marion
Tyrrell, Joseph J.	Calumet City, Ill.	Lake
Tyrrell, Thomas C.	Hammond	Lake

Name	City	County
U		
Ullom, Ralph B.	Indianapolis	Marion
Ulrey, Robert P.	Evansville	Vanderburgh
Underwood, George M.	Lafayette	Tippecanoe
Ungemach, Willo F.	Fort Wayne	Allen
Urbanski, Walter P.	Highland	Lake
Urruti, Arnoldo H.	South Bend	St. Joseph
V		
Vagner, S. Bernard	South Bend	St. Joseph
Valderrama, Hugo	Munster	Lake
Valencia, Monico	East Gary	Lake
Valenzuela, Diego C.	Vevay	Jefferson-Switzerland
Valenzuela, Roberto D.	Gary	Lake
Valenzuela, Sofia S.	Gary	Lake
Valle, Santiago	Evansville	Vanderburgh
Van Bokkelen, Robert W.	Mooresville	Morgan
Van Buskirk, Edmund L.	Lafayette	Tippecanoe
Vance, William C.	Terre Haute	Vigo
Van Campen, Warren M.	Indianapolis	Marion
Vancil, Martin E.	Evansville	Vanderburgh
Van Denbark, Howard M.	Kokomo	Howard
Van Den Bosch, Wallace R.	Lafayette	Tippecanoe
Vandertoll, Donald	Munster	Lake
Vandivier, James M.	Indianapolis	Marion
Vandivier, Robert M.	Indianapolis	Marion
Van Dorn, Myron J.	Indianapolis	Marion
Van Fleet, Josephine	Indianapolis	Marion
Van Fleit, William E.	South Bend	St. Joseph
Van Kirk, John R.	W. Lafayette	Tippecanoe
Van Meter, C. Powell	Indianapolis	Marion
Van Ness, William C.	Summitville	Madison
Van Tassel, Charles J.	Indianapolis	Marion
Van Vactor, Helen D.	Indianapolis	Marion
Van Wienen, John	Martinsville	Morgan
Vaughn, Walter R.	Vincennes	Knox
Veach, Lester W. (S)	Bainbridge	Putnam
Veach, Richard L.	Bainbridge	Putnam
Veach, William L.	Terre Haute	Vigo
Venables, Albert J.	Evansville	Vanderburgh
Vergara, Abelardo	Highland	Lake
Vermilya, Robert W.	Lafayette	Tippecanoe
Viehe, Robert W. (S)	Evansville	Vanderburgh
Vieira, Thomas J.	Coatesville	Putnam
Vietzke, Paul C. F. (S)	Valparaiso	Porter
Vincent, William A.	Evansville	Vanderburgh
Vingis, Bronie A.	Greenfield	Hancock
Viray, Victoriano G.	Crawfordsville	Montgomery
Visher, John W. (S)	Evansville	Vanderburgh
Vivian, Donald E	New Castle	Henry
Vlaskamp, Elaine	Muncie	Delaware-Blackford
Vogel, John L.	Columbia City	Whitley
Vogel, Lloyd A., Jr.	Fort Wayne	Allen
Vogel, L. John	Mount Vernon	Posey
Voges, Edward C.	Terre Haute	Vigo
Volan, George J.	Gary	Lake
Vollrath, Victor J.	Indianapolis	Marion
von Asch, George	La Porte	La Porte
von der Lieth, Wm. C.	Vincennes	Knox
Von Der Haar, Gerard	Indianapolis	Marion
VonderHaar, Thomas E.	Evansville	Vanderburgh
Voorhees, Robert J.	Fort Wayne	Allen
Voorhies, McKinley	Gary	Lake
Vore, Louring W.	Plymouth	Marshall
Vore, Robert E.	Indianapolis	Marion
Vormohr, Joseph F.	Portland	Jay
Voskuhl, William L.	Charlestown	Clark
Voss, Gert	Muncie	Delaware-Blackford
Voyles, Harry E. (S)	New Albany	Floyd

Name	City	County
W		
Wachob, Tom W., Jr.	Kokomo	Howard
Wack, James E.	South Bend	St. Joseph
Wade, Reynolds W.	New Haven	Allen
Wagner, Anabel R.	Lafayette	Tippecanoe
Wagner, Arthur L.	Jasper	Dubois
Wagner, David G.	Oakland, Calif.	Elkhart
Wagner, Lindley H.	Lafayette	Tippecanoe
Wagner, Richard	Huntington	Huntington
Wagner, Virginia M.	Indianapolis	Marion
Wagoner, B. D.	Union City	Randolph
Wagoner, Don J.	Burlington	Carroll
Wagoner, George W.	Delphi	Carroll
Wagoner, John R.	Anderson	Madison
Wagoner, Marilyn L.	Burlington	Carroll
Waife, S. O.	Indianapolis	Marion
Wainscott, Clinton S., Jr.	Indianapolis	Marion
Wait, Jerome H.	Columbia City	Whitley
Wait, Raymond B.	Evansville	Vanderburgh
Waits, Chester L.	Lafayette	Tippecanoe
Waitt, Paul	Noblesville	Hamilton
Waldo, Guy H.	Bedford	Lawrence
Waldo, J. Thayer	Indianapolis	Marion
Walker, Adolph P.	Highland	Lake
Walker, Edwin M., Jr.	South Bend	St. Joseph
Walker, Floyd B.	Fort Wayne	Allen
Walker, Jack M.	Muncie	Delaware-Blackford
Walker, Robert M.	W. Lafayette	Tippecanoe
Walker, Thomas M.	Brownsburg	Hendricks
Wallace, Collins R.	Fort Wayne	Allen
Wallace, Elmer L.	New Albany	Floyd
Walter, Paul A. F. III	Evansville	Vanderburgh
Walter, Robert F.	Evansville	Vanderburgh
Walters, Charles E.	Mishawaka	St. Joseph
Walters, Jack L.	Franklin	Johnson
Walters, William H.	Michigan City	La Porte
Walther, Joseph E.	Indianapolis	Marion
Walton, F. Richard	Rochester	Fulton
Walton, R. Lee	Marion	Grant
Walton, William M.	Indianapolis	Marion
Wambo, John M.	Orange, Calif.	Wayne-Union
Wang, Tieh C.	East Chicago	Lake
Warbinton, Fred P.	Plainfield	Hendricks
Ward, Gerald F.	Fort Wayne	Allen
Ward, James W.	South Bend	St. Joseph
Ward, Robert A.	Tell City	Perry
Ward, Wesley C.	Indianapolis	Marion
Ware, John R.	Russiaville	Howard
Warfield, Chester H. (S)	Fort Wayne	Allen
Warman, Alvah P. (S)	Indianapolis	Marion
Warn, William J.	Milan	Ripley
Warneke, Charles H.	Indianapolis	Marion
Warner, Charles L.	Evansville	Vanderburgh
Warren, Carroll B.	Marion	Grant
Warren, Robert J.	Richmond	Wayne-Union
Warrick, Francis B.	Richmond	Wayne-Union
Warrick, Homer L.	Osceola	St. Joseph
Warriner, James B.	Indianapolis	Marion
Warvel, John H., Jr.	Indianapolis	Marion
Washington, Wilbert	Indianapolis	Marion
Wass, Robert W.	Bloomington	Owen-Monroe
Watterson, Gerald T.	Connersville	Fayette-Franklin
Way, James A.	Bloomington	Owen-Monroe
Waymire, William M.	Franklin	Johnson
Weaver, Dorothy E.	Indianapolis	Marion
Webb, Harry D.	Anderson	Madison
Webb, Joan L.	New Castle	Henry
Webb, Lawrence C.	Dana	Parke-Vermillion
Webb, O. Lynn	New Castle	Henry
Weber, Edgar H. (S)	Evansville	Vanderburgh
Weber, John R.	Fort Wayne	Allen
Weber, Joseph G. S.	Terre Haute	Vigo

Name	City	County
Webster, Paul L.	Lafayette	Tippecanoe
Weddle, Chas. O.	Lebanon	Boone
Weeks, Patrick H. (S)	Michigan City	La Porte
Weida, Jerry M.	Lafayette	Tippecanoe
Weinbaum, Jack G.	Terre Haute	Vigo
Weinberg, Benjamin A.	Whiting	Lake
Weinberg, Samuel	Marion	Grant
Weinland, George C.	Columbus	Bartholomew-Brown
Weinstock, Adolph	Rolling Prairie	La Porte
Weirich, Charles I.	Butler	De Kalb
Weisenberger, Brockton L.	Columbus	Bartholomew-Brown
Weiskopf, Henry S.	Gary	Lake
Weisner, Richard M.	Eaton	Delaware-Blackford
Weiss, Albert E.	Michigan City	La Porte
Weiss, Eugene	South Bend	St. Joseph
Weiss, Louis L.	Anderson	Madison
Weitemier, Raymond A.	Richmond	Wayne-Union
Weitzel, Roland E.	Princeton	Gibson
Welborn, Mell B.	Evansville	Vanderburgh
Welch, Norbert M.	Vincennes	Knox
Weldy, Bryce P.	Hartford City	Delaware-Blackford
Weller, Ralph D.	Rossville	Clinton
Weller, Wendell A.	Lafayette	Tippecanoe
Wells, William R.	Princeton	Gibson
Wenger, James E.	Nappanee	Elkhart
Wenzler, Paul J.	Bloomington	Owen-Monroe
Werry, Leslie E. (S)	Hartford City	Delaware-Blackford
Wertenberger, Morris D.	Richmond	Wayne-Union
Wesemann, Merrill M.	Franklin	Johnson
West, Joseph L.	Indianapolis	Marion
West, Roger F.	Terre Haute	Vigo
Westfall, B. Kemper	Indianapolis	Marion
Westfall, George S.	Goshen	Elkhart
Westhaysen, Peter V.	Munster	Lake
Wharton, Russell O. (S)	Gary	Lake
Wheeler, Barth E.	Huntington	Huntington
Wheeler, Byron C.	Terre Haute	Vigo
Wheeler, David E.	Indianapolis	Marion
Wheeler, Edward C.	Indianapolis	Marion
Whitaker, Jack D.	Anderson	Madison
Whitcomb, Roger F.	Shelbyville	Shelby
White, Donald G.	South Bend	St. Joseph
White, Donald J.	Indianapolis	Marion
White, Douglas H.	Indianapolis	Marion
White, Gene A.	Indianapolis	Marion
White, Gilbert H., Jr.	Hammond	Lake
White, Harvey E.	Farmland	Randolph
White, John B., Jr.	Indianapolis	Marion
White, John P., Jr.	Bloomington	Owen-Monroe
Whitlock, Coleman M., Jr.	Hershey, Pa.	Elkhart
Whitlock, Merle E.	Mishawaka	St. Joseph
Wiatt, Leonard H.	Knightstown	Henry
Wick, Alfred A.	Fort Wayne	Allen
Wickstrom, Otto W., Jr.	Columbus	Bartholomew-Brown
Wickstrom, Otto W.	Columbus	Bartholomew-Brown
Widdifield, G. E.	Indianapolis	Marion
Wierzalis, Edward F.	Fort Wayne	Allen
Wiethoff, Clifford A.	Seymour	Jackson-Jennings
Wigh, Russell	Columbus	Bartholomew-Brown
Wigutow, Marcus	Gary	Lake
Wiland, Olin K.	Richmond	Wayne-Union
Wilbrandt, Hans R.	Indianapolis	Marion
Wilder, Gordon B. (S)	Anderson	Madison
Wilhelm, Agatha M.	South Bend	St. Joseph
Wilhelm, Guido P.	New Castle	Henry
Wilhelmus, Gilbert M.	Evansville	Vanderburgh
Wilhelmus, Kenneth	Evansville	Vanderburgh
Wilkens, Irvin W.	Indianapolis	Marion
Wilkinson, Roger L.	Anderson	Madison
Willan, Horace R. (S)	Martinsville	Morgan
Willard, Richard	LaGrange	Wells
Willardo, Albert T.	Hammond	Lake
Williams, Alexander S.	Gary	Lake
Williams, Berniece M.	Fort Wayne	Allen
Williams, Carl N.	Gary	Lake
Williams, Earl K.	Logansport	Cass
Williams, Edwin D.	Gary	Lake
Williams, Everett W.	Columbus	Bartholomew-Brown
Williams, Fielding P.	Huntingburg	Dubois
Williams, Francis M.	Anderson	Madison
Williams, Harold W.	Indianapolis	Marion
Williams, Howard S.	Indianapolis	Marion
Williams, Hugh L.	Indianapolis	Marion
Williams, Jack O.	Evansville	Vanderburgh
Williams, Paul A.	Rensselaer	Jasper
Williams, Paul D.	Indianapolis	Marion
Williams, Robert D.	Anderson	Madison
Williams, Robert H.	Anderson	Madison
Willis, Charles F.	Evansville	Vanderburgh
Willis, Robert L., Jr.	Fort Wayne	Allen
Willison, George W.	Evansville	Vanderburgh
Willman, Joe	Gaston	Delaware-Blackford
Willner, Alan	Clarksville	Clark
Wills, Max	Auburn	De Kalb
Wilson, David	Evansville	Vanderburgh
Wilson, Douglas J.	Mishawaka	St. Joseph
Wilson, Fred L.	Terre Haute	Vigo
Wilson, Fred M.	Indianapolis	Marion
Wilson, James M.	South Bend	St. Joseph
Wilson, John	Columbia City	Whitley
Wilson, John D.	Evansville	Vanderburgh
Wilson, Ned A.	Marion	Grant
Wilson, Norman J.	Merrillville	Lake
Wilson, Norman K.	Kokomo	Howard
Wilson, Oliver R.	Morgantown	Morgan
Wilson, Orley E.	Elkhart	Elkhart
Wilson, Paul H.	Logansport	Cass
Wilson, Ralph	Evansville	Vanderburgh
Wilson, Roland B.	Fort Wayne	Allen
Wilson, Wymond B.	Mentone	Kosciusko
Win, Tun	Terre Haute	Vigo
Wince, Leland L.	Muncie	Delaware-Blackford
Wind, Joseph L.	South Bend	St. Joseph
Winebrenner, John D.	Evansville	Vanderburgh
Winklepleck, A. M.	Connersville	Fayette-Franklin
Winter, William P.	Martinsville	Morgan
Winters, Peter L.	Philadelphia, Pa.	Marion
Wirey, Harold R.	Indianapolis	Marion
Wise, Charles L.	Camden	Carroll
Wise, William R.	Indianapolis	Marion
Wiseman, V. Earle (S)	Greencastle	Putnam
Wishard, Wm. N., Jr.	Indianapolis	Marion
Wissman, William L.	Columbus	Bartholomew-Brown
Witt, William R.	Jeffersonville	Clark
Wixted, John F. (S)	South Bend	St. Joseph
Wixted, Julia L.	South Bend	St. Joseph
Woehler, Thomas R.	Pittsburgh, Pa.	Marion
Woerner, Thomas E.	Indianapolis	Marion
Wohlfeld, Julius B.	Bedford	Lawrence
Wojcik, Ladislas D.	Marion	Grant
Wolf, Harry C.	Indianapolis	Marion
Wolf, Robert A.	Gary	Lake
Wolfe, Morton F.	New Albany	Floyd
Wolfe, Nelson A.	New Albany	Floyd
Wolfram, Don J.	Indianapolis	Marion

Name	City	County
Wolverton, George M.	Clarksville	Clark
Woner, John W.	Linton	Greene
Wong, Norman F.	Lafayette	Tippecanoe
Wong, Samuel N.	Hammond	Lake
Wood, Donald E.	Indianapolis	Marion
Wood, Opal L.	Brazil	Clay
Woodall, Robert L.	Washington	Vanderburgh
Woodard, Abram S., Jr.	Indianapolis	Marion
Woodbury, Clarence R.	Anderson	Madison
Woodbury, J. W.	Washington, D.C.	Grant
Wooden, Thomas F.	Munster	Lake
Woodman, Kenneth S.	Richmond	Wayne-Union
Woods, Arba L. (S)	Owensville	Posey
Woodward, Ben E.	Evansville	Vanderburgh
Woodward, William M.	Chesterton	Porter
Woolery, Richard H.	Bedford	Lawrence
Woolling, Kenneth R.	Indianapolis	Marion
Work, Bruce A.	Frankfort	Clinton
Worley, Henry L.	New Albany	Floyd
Worley, Joseph P.	Indianapolis	Marion
Worth, C. Willard	Milroy	Rush
Wray, James B.	Indianapolis	Marion
Wrege, Malcolm L.	Indianapolis	Marion
Wright, Cecil S. (S)	Anderson	Madison
Wright, James J.	Indianapolis	Marion
Wright, J. Wm., Jr.	Indianapolis	Marion
Wu, Stewart	Valparaiso	Porter
Wunsch, Charles M.	Indianapolis	Marion
Wurster, Herbert C.	Mishawaka	St. Joseph
Wyatt, James L., III	Fort Wayne	Allen
Wylie, Robert R.	Hobart	Lake
Wynegar, David E.	Richmond	Wayne-Union
Wyttenbach, John E.	Indianapolis	Marion

Y

Name	City	County
Yacko, Michael L.	Indianapolis	Marion
Yale, Charles A.	Fairmount	Grant
Yanson, Mannfredo R. S.	Oxnard, Calif.	Lake
Yarling, John L.	Muncie	Delaware-Blackford
Yast, Charles J.	Gary	Lake
Yates, Donald L.	Terre Haute	Vigo
Yegerlehner, Roscoe S.	W. Lafayette	Tippecanoe
Yingling, Robert J.	Indianapolis	Marion
Yocum, Paul S., Sr.	Coral Gables, Fla.	Steuben
Yocum, Paul S., Jr.	Gary	Lake
Yocum, William S.	Gary	Lake
Yoder, C. Richard	Elkhart	Elkhart
Yoder, Carl J.	Middlebury	Elkhart
Yoder, Dewey D. (S)	Pierceton	Whitley
Yoder, Johnathan G.	Middlebury	Elkhart
Yoder, Richard P.	Bluffton	Wells
Young, C. Curtis, Jr.	Evansville	Vanderburgh
Young, Don J.	Augusta, Ga.	Marion
Young, George M.	Gary	Lake
Young, Gerald S.	Muncie	Delaware-Blackford
Young, John E.	Indianapolis	Marion
Young, John M.	Indianapolis	Marion
Young, John T.	Indianapolis	Marion
Young, Joseph W.	Greenwood	Johnson
Young, Ralph H.	Goshen	Elkhart
Young, Robert G.	Marion	Grant
Young, Robert L.	Gary	Lake
Youngs, Paul E.	New Albany	Floyd
Yunker, Philip E.	Howe	LaGrange

Z

Name	City	County
Zahrt, Frank H.	LaPorte	LaPorte
Zalac, Donald A.	Michigan City	La Porte
Zallen, Stanley G.	Hammond	Lake
Zaring, Byron K.	Columbus	Bartholomew-Brown
Zehr, Noah (S)	Fort Wayne	Allen
Zeier, Francis G.	Evansville	Vanderburgh
Zeiger, Irvin L.	South Bend	St. Joseph
Zeitler, Philip S.	Elkhart	Elkhart
Zell, Evertson H.	Indianapolis	Marion
Zeman, Ruth E.	Indianapolis	Marion
Zeps, E. Frances	New Castle	Henry
Zerfas, Charles P. A.	Beech Grove	Marion
Zerfas, Phyllis K.	Indianapolis	Marion
Zimmer, Henry J.	Terre Haute	Vigo
Zimmer, John F.	Indianapolis	Marion
Zimmerman, Harold	Evansville	Vanderburgh
Zimmerman, Wm. H.	Syracuse	Elkhart
Zink, Robert O.	Madison	Jefferson-Switzerland
Ziperman, H. Haskell	Ft. Benning, Ga.	Marion
Ziss, Robert C.	Evansville	Vanderburgh
Zivich, John M.	East Chicago	Lake
Zore, Joseph J.	Richmond	Wayne-Union
Zucker, Edward	Gary	Lake
Zunker, Heinz O. H.	Evansville	Vanderburgh
Zweig, Elmer S.	Fort Wayne	Allen
Zwerner, Paul F.	Terre Haute	Vigo
Zwick, Harold F.	Decatur	Adams
Zwickel, Ralph E.	Evansville	Vanderburgh
Zydlo, Stanley M.	Wabash	Wabash

MEDICAL SPECIALTIES

The following Specialties, including General Practice, are recognized by the American Medical Association:

ADM	Administrative Medicine
A	Allergy (sub-specialty of Internal Medicine)
ANES	Anesthesiology
AM	Aviation Medicine (special field of Preventive Medicine)
CD	Cardiovascular Disease (sub-specialty of Internal Medicine)
CHP	Child Psychiatry (sub-specialty of Psychiatry)
D	Dermatology
DR	Diagnostic Roentgenology (special field of Radiology)
FOP	Forensic Pathology (special field of Pathology)
GE	Gastroenterology (sub-specialty of Internal Medicine)
GP	General Practice
GPM	General Preventive Medicine (special field of Preventive Medicine)
GS	General Surgery
IM	Internal Medicine
NS	Neurological Surgery
N	Neurology
OBG	Obstetrics and Gynecology
OM	Occupational Medicine (special field of Preventive Medicine)
OPH	Ophthalmology
ORS	Orthopedic Surgery
OTO	Otolaryngology
PATH	Pathology
PD	Pediatrics
PDA	Pediatric Allergy (sub-specialty of Pediatrics)
PDC	Pediatric Cardiology (sub-specialty of Pediatrics)
PMR	Physical Medicine and Rehabilitation
PR	Proctology
PS	Plastic Surgery
P	Psychiatry
PH	Public Health (special field of Preventive Medicine)
PUD	Pulmonary Diseases (sub-specialty of Internal Medicine)
R	Radiology
SR	Scientific Research
TR	Therapeutic Radiology (special field of Radiology)
TS	Thoracic Surgery
U	Urology
00	Unspecified (retired, not in practice, no specialty reported)

ROSTER OF MEMBERS BY COUNTIES

Physicians are listed in the county medical society in which they hold membership.

(Paid-up members of the Indiana State Medical Association as of May 1, 1970.)

ADAMS COUNTY

Berne
(*Zip Code* 46711)

Beaver, Norman E.....615 W. Water St. (GP)
Boze, Robert L.....265 W. Water St. (GP)
Dester, Herbert E. (S).....424 Compromise St. (GP)

Decatur
(*Zip Code* 46733)

Burk, James M.....115 N. Third St. (GP)
Carroll, John C.....226 S. Second St. (GP)
Doan, John E.....222 S. Second St. (GP)
Freeby, C. William.....227 S. Second St. (GP)
Girod, Arthur H.....203 N. 12th St. (GP)
Kohne, Gerald J.....134 S. Third St. (GP)
Parrish, Richard K.....238 S. Second St. (OPH)
Reppert, Roland L.....222 S. Second St. (GP)
Rich, Norval S.....230 S. Second St. (GP)
Zwick, Harold F.....227 S. Second St. (GP)

ALLEN COUNTY

Fort Wayne
(*Zip Code* 468 *plus zone number*)

A

Acker, Herbert K.....3610 Brooklyn Ave. (07) (GP)
Adams, E. Wade.....3124 E. State Blvd. (05) (PD)
Ahlbrand, Roland C.....4233 E. State St. (05) (GP)
Aiken, Arthur F.....3010 E. State Blvd. (05) (GP)
Aiken, Nevin E.....3010 E. State Blvd. (05) (GP)
Aldred, Allen W.....3024 Fairfield Ave. (07) (PATH)
Anderson, Ernest..4349 S. Anthony Blvd. (06) (GP)
Anderson, Garland D.....5110 N. Clinton (05) (GP)
Andrew, Jerald L...5717 S. Anthony Blvd. (06) (GP)
Arata, James A.....2802 E. State Blvd. (05) (R)
Arata, Justin E.....3124 E. State Blvd. (05) (GS)
Ashman, William C...2902 S. Fairfield Ave. (07) (PD)
Aust, Charles H.....Lutheran Hospital (07) (PATH)

B

Bahr, Robert E.....3217 Lake Ave. (05) (GP)
Bailey, Paul P. (S) 206 Medical Center Bldg. (02) (U)
Ball, John R.....Three Rivers East, Suite 108 (02) (GS)
Ball, Margaret Jane....4112 S. Harrison St. (07) (ADM)
Baltes, Joseph H.....821 Broadway (02) (GP)
Barch, John W.....1301 S. Harrison St. (02) (IM)
Bash, Wallace E.....2902 Fairfield Ave. (07) (PD)
Bauman, Richard L.....700 Broadway (02) (R)
Baumgartner, Jeraldine....515 W. Wayne St. (02) (GP)
Beams, Ralph H...715 Medical Center Bldg. (02) (OPH)
Beierlein, Karl M.....3124 E. State Blvd. (05) (OBG)
Beights, Raymond S.....3310 E. State Blvd. (05) (GP)
Bergendahl, Emil H.
102 Medical Center Bldg. (02) (OTO)
Berghoff, James R.....3702 Rupp Dr. (05) (GP)
Beutler, Theodore V.....527 W. Berry St. (02) (U)
Bierman, Gilbert H.....717 Broadway (02) (Resident)
Billingsley, John S.....2902 Fairfield Ave. (07) (R)
Bixler, James A.....3124 E. State Blvd. (05) (OPH)
Blichert, Peter A.
Three Rivers North, Suite 108 (02) (OBG)
Bolander, James E.....6614 Monarch Dr. (05) (GP)
Bollheimer, Don A..623 Medical Center Bldg. (02) (OPH)
Bossard, John W...111 Medical Center Bldg. (02) (NS)
Bower, Richard E.....3610 Brooklyn Ave. (07) (GP)
Bowers, Gah T...3000 Circumurban Blvd. (05) (ADM)
Bowers, George W.....2902 Fairfield Ave. (07) (U)
Bowers, Jesse W. (S)....418 Gettle Bldg. (02) (GS)
Brandt, William E.....618 W. Berry St. (02) (GS)
Braunlin, Earl A.....5010 Riviera Ct. (05) (Resident)
Braunlin, Robert J.....5110 N. Clinton (05) (OTO)
Bridges, William L..520 Medical Center Bldg. (02) (R)
Bromley, Luman W.
347 W. Berry St., Suite 600 (02) (ORS)
Brosius, Robert H. W.....1603 Wells St. (08) (GP)
Brown, Frederic W.....2609 Fairfield Ave., (07) (ORS)
Brown, Garland R.....5522 Hamilton Rd. (09) (R)
Brucker, Perry A.
Three Rivers East, Suite 107 (02) (PS)
Bryan, Franklin A....700 Indiana Bank Bldg. (02) (IM)
Buckner, George D.....1003 Fulton St. (02) (GS)

C

Carlo, Ernest R. (S).....5205 Indiana Ave. (07) (PD)
Cast, William R.....4138 S. Harrison St. (07) (OTO)
Chambers, Alan R.
Three Rivers East, Suite 103 (02) (GP)
Chase, James A.....1635 Broadway (04) (OM)
Clark, William R.....3622 S. Calhoun St. (07) (GP)
Clark, William R., Jr.....710 W. Wayne St. (04) (IM)
Close, Frederick W...3024 Fairfield Ave. (07) (Resident)
Cochran, Harry A., Jr...1301 S. Harrison St. (02) (OM)
Conley, John E. (S).....620 W. Berry St. (02) (GP)
Connelly, Jerry H.....3217 Lake Ave. (05) (GP)
Connelly, Richard D.....3217 Lake Ave. (05) (GP)
Cooney, Charles J.....527 W. Berry St. (02) (U)
Cottrell, Robert F.
Indiana Bank Bldg., Suite 725 (02) (ANES)
Craig, Richard M.....2902 Fairfield Ave. (07) (R)
Cuff, Steve C.....700 W. Berry St. (02) (PD)
Culp, John E.....2902 Fairfield Ave. (07) (IM)

D

Datzman, Richard C.
520 Medical Center Bldg. (02) (R)
Dauscher, Dean D.....5717 S. Anthony Blvd. (06) (GP)
Davidoff, Manuel A.....3610 Brooklyn Ave. (07) (GP)
Donesa, Antonio B.....534 W. Berry St. (02) (NS)
Dunstone, H. Carter
Three Rivers East, Suite 105 (02) (P)

E

Elston, Lynn W. (S).....7716 S. Hanna St. (06) (OO)
Elston, Ralph W. (S)....2305 Randall Rd. (04) (GS)
Epps, James H.....2330 Beacon St. (05) (ANES)

F

Farquhar, John S., Jr.....3610 Brooklyn Ave. (07) (GP)
Ferguson, Arthur N. (S)..2902 Fairfield Ave. (07) (IM)
Fiacable, Joseph P.....227 E. Washington Blvd. (02) (P)
Fichman, Abraham M.....323 W. Berry St. (02) (GS)
Flaherty, Robert A.....2902 Fairfield Ave. (07) (R)
Foy, Thomas D.....1104 W. State Blvd. (08) (GP)
Franke, Gordon R.....3010 E. State Blvd. (05) (GP)
Frankhouser, C.M.A., Jr.
519 Medical Center Bldg. (02) (PATH)
Fullam, Richard G.
Indiana Bank Bldg., Suite 725 (02) (ANES)

G

Garton, Harry W. (S)
6506 Covington Rd., 129-A (04) (OO)
Gastineau, David C.
520 Medical Center Bldg. (02) (R)
Gentile, Jonathan Paul.....5110 N. Clinton (05) (GS)
Gerding, William J.....5110 N. Clinton (05) (GP)
Giffin, Charles S...102 Medical Center Bldg. (02) (OTO)
Gladstone, Naf H.....335 W. Berry St. (02) (OTO)
Glassley, Stephen H.....3010 E. State Blvd. (05) (GP)
Glock, Maurice E.....229 Medical Center Bldg. (02) (IM)
Glock, Steven R.....5050 N. Clinton St. (05) (ORS)
Glock, Wayne R.....2609 Fairfield Ave. (07) (ORS)

Goebel, Carl W.....327 W. Creighton Ave. (07) (PD)
Gould, John C.....2424 Fairfield Ave. (07) (OBG)
Graham, George M.....1301 S. Harrison St. (02) (IM)
Graham, James C.....1834 S. Lafayette (03) (GP)
Green, Robert F.....614 W. Berry St. (02) (P)
Greenlee, Robert L...227 E. Washington St. (02) (P)
Griest, Walter D.....3024 Fairfield Ave. (04) (PATH)
Griffith, Harold R...520 Medical Center Bldg. (02) (R)
Gumbert, Jack L.....5010 Riviera Ct. (05) (GS)

H

Hackett, Walter G...6028 U. Huntington Rd. (04) (GP)
Haffner, Herman G.....202 E. Jefferson St. (02) (D)
Halaby, Fouad A.....700 W. Berry St. (02) (R)
Haley, Alvin J.....3217 Lake Ave. (05) (GP)
Hall, William R.
Indiana Bank Bldg., Suite 725 (02) (ANES)
Haller, Richard C.....3124 E. State Blvd. (05) (N)
Hamilton, Emory D.
Indiana Bank Bldg., Suite 725 (02) (ANES)
Hamilton, George M.....3124 E. State Blvd. (05) (IM)
Harris, James J.....5717 S. Anthony (06) (GP)
Hasewinkle, August M...2828 E. State Blvd. (05) (IM)
Hastings, Warren C.....2120 Carew St. (05) (NS)
Hattendorf, Anton P.
716 Medical Center Bldg. (02) (PR)
Havens, Russell E.
228 Medical Center Bldg. (02) (ANES)
Helmer, Fredric A.
3411 N. Anthony Blvd. (05) (NS)
Herendeen, Thomas L.....3124 E. State Blvd. (05) (GS)
Herrera, Vivencio A..Irene Byron Hospital (08) (PUD)
Hershberger, Philip G....2609 Fairfield Ave. (07) (ORS)
Hickman, Donald M.....3217 Lake Ave. (05) (GP)
Hillery, Robert L.....5110 N. Clinton (05) (GP)
Hipskind, Richard E.....6211 Covington Rd. (04) (IM)
Hoffman, Arthur F.
Three Rivers North, Suite 105 (02) (ANES)
Holsinger, Robert E.....347 W. Berry St. (02) (D)
Hoog, John M.....1617 Kensington Blvd. (05) (U)
Hoover, Joseph R.....3610 Brooklyn Ave. (07) (GP)
Howe, Fordyce L.....2330 Beacon St. (05) (GP)
Hull, DeWayne L.
Three Rivers East, Suite 107 (02) (PS)

I

Irmscher, George W...3411 N. Anthony Blvd. (05) (GS)
Irmscher, Jane M.....2024 Florida Dr. (05) (PD)
Isenogle, Kenneth F...3124 E. State Blvd. (05) (OTO)

J

Jackson, John F.....5315 Cloverbrook Dr. (06) (ANES)
Johnston, Richard M.....2330 Beacon St. (05) (ANES)
Jontz, Joe G.....3124 E. State Blvd. (05) (GS)
Jontz, Richard L...520 Medical Center Bldg. (02) (R)
Juergens, Richard B.....1724 Prairie Lane (08) (GP)
Jurgensen, Walter T.....3610 Brooklyn Ave. (07) (GP)

K

Kachmann, Rudy.....2902 Fairfield Ave. (07) (NS)
Karol, Herbert J.
Three Rivers East, Suite 103 (02) (U)
Kaufman, Julian R.....3124 E. State Blvd. (05) (IM)
Keck, Carleton A.....2902 Fairfield Ave. (07) (OPH)
Kent, Richard N.....327 Medical Center Bldg. (02) (IM)
Keyes, Robert C.....131 E. Tillman Rd. (06) (PD)
Kidder, Orva T.....Irene Byron Hospital (08) (PUD)
Kilgore, Byron
Three Rivers East, Suite 106 (02) (P)
Kimbrough, Robert F...2730 E. State Blvd. (05) (ORS)
Kleifgen, William A.....446 W. Pontiac St. (07) (GP)
Kleopfer, Ronald G.....5050 N. Clinton St. (05) (ORS)
Klooze, Kenneth W...3610 Brooklyn Ave. (07) (GP)
Knight, Lewis W.....3124 E. State Blvd. (05) (OBG)
Knote, John A.....520 Medical Center Bldg. (02) (R)
Krueger, John E...5717 S. Anthony Blvd. (06) (GP)
Kruse, Walter E. (S).....410 McKinnie (06) (GP)

L

Ladig, Donald S.....3610 Brooklyn Ave. (09) (GP)
Laker, Gene C.....2407 Fairoak Dr. (07) (GP)
Laker, Richard J.....2407 Fairoak Dr. (07) (GP)
Lampe, Elfred H.....2902 Fairfield Ave. (07) (OBG)
Laycock, Richard M.....6642 St. Joe Rd. (05) (GP)
Lee, John W.....5050 N. Clinton St. (05) (ORS)
Leming, Ben L.....2902 Fairfield Ave. (07) (GS)
Lenk, George G.....1805 E. Washington St. (04) (GP)
Lloyd, Robert P.....723 Fulton St. (02) (GS)
Logan, Richard S.....3124 E. State Blvd. (05) (D)
Lohman, Robert M.....4017 S. Wayne St. (06) (GP)
Lorman, James G...520 Medical Center Bldg. (02) (R)
Loudermilk, Jack L...520 Medical Center Bldg. (02) (R)
Luckey, James E.
Three Rivers North, Suite 105 (02) (ANES)
Lyon, William C.....710 W. Wayne St. (04) (P)
Lyster, Richard F.....3512 Maxim Dr. (05) (ORS)

M

McAfee, George J.
3301 Portage Blvd., Apt. 5 (04) (Resident)
McCallister, John W.....3124 E. State Blvd. (05) (GS)
McCoy, Roy R.....3701 S. Harrison St. (07) (GP)
McDowell, George A.
215 Medical Center Bldg. (02) (GP)
McEachern, Cecil G.....2424 Fairfield Ave. (07) (GS)
McKeeman, Donald H.....633 W. Wayne St. (02) (OBG)
Mackel, Frederick O.....2609 Fairfield Ave. (07) (ORS)
Mann, Richard E.....3124 E. State Blvd. (05) (P)
Manning, George C.....534 W. Berry St. (02) (NS)
Mastrangelo, Michael J
Three Rivers East, Suite 104 (02) (GS)
Mejia, Ivan.....2509 Bolton St. (05) (ANES)
Mensch, James R...2120 Forest Park Blvd. (08) (ANES)
Mercer, Samuel R...710 Medical Center Bldg. (02) (D)
Meyer, Herman A.....1030 W. Wayne St. (04) (GP)
Meyer, Theodore O. 622 Medical Center Bldg. (02) (OPH)
Michaelis, Stephen C.....3610 Brooklyn Ave. (07) (GP)
Miller, Don E.....2902 Fairfield Ave. (07) (IM)
Miller, H. Paul.....2715 Broadway (07) (GP)
Miller, Orval J.....324 W. Berry St. (02) (GP)
Miller, Richard H.....511 W. Wayne St. (02) (GS)
Miller, Robert B.....3124 E. State Blvd. (05) (OTO)
Miller, William J.....2902 Fairfield Ave. (07) (IM)
Moats, Carl F.....4007 W. Wayne St. (04) (GP)
Moats, George E. (S)
617 E. Washington St. (02) (GP)
Moeller, Victor C.....2424 Fairfield Ave. (07) (GP)
Morey, Edwin E.....2902 Fairfield Ave. (07) (OBG)
Morgan, Milton M.....1147 S. Lafayette St. (02) (GS)
Mortenson, Leland J. (S)
3610 Brooklyn Ave. (07) (GP)
Mueller, Lawrence W.
533 W. Washington Blvd. (02) (OTO)
Murdock, Harvey L. (S)
417 Medical Center Bldg. (02) (GP)

N-O

Nill, John H.....5717 S. Anthony Blvd. (06) (GP)
Nolan, Gerald R.....5717 S. Anthony Blvd. (06) (GP)
Oatman, Jack G.
Indiana Bank Bldg., Suite 710 (02) (P)
O'Brian, John F.....3217 Lake Ave. (05) (GP)
O'Rourke, Carroll.....604 W. Berry St. (02) (OTO)
Ortiz, Ramon.....3408 N. Anthony Blvd. (05) (IM)

P

Painter, Donald S...222 Medical Center Bldg. (02) (OBG)
Pan, Charles C. M.....700 Broadway (02) (PATH)
Pancner, Ronald J.
502 Medical Center Bldg. (02) (P)
Parker, Carey B. (S)..1105 S. Harrison St. (02) (GP)
Parrot, Donald J.....810 W. State Blvd. (08) (GP)
Patterson, Jack W.....6211 Covington Rd. (04) (GS)
Pearson, Huey L.....2314 S. Hanna (03) (GP)
Perrin, Kermit F....2701 S. Anthony Blvd. (06) (GP)
Perry, Frederic G.....2902 Fairfield Ave. (07) (D)
Pickett, Merle E.
Indiana Bank Bldg., Suite 725 (02) (ANES)
Popp, Milton F...606 Medical Center Bldg. (02) (GS)
Powell, M. Jack.....700 Broadway (04) (R)
Priddy, Marvin E.....5110 N. Clinton (05) (GP)

Q-R

Rank, William B.
Three Rivers North, Suite 107 (02) (U)
Ransburg, Robert C.
519 Medical Center Bldg. (02) (PATH)
Reed, John D.....3124 E. State Blvd. (05) (IM)
Reszel, Paul A.....5050 Clinton St. (05) (ORS)
Rhee, Sang K.....2827 Roscommon Dr. (05) (ANES)
Richards, Alan D.....5717 S. Anthony Blvd. (06) (GP)
Richardson, Joseph H...3010 E. State Blvd. (05) (IM)
Rissing, Walter J.....229 W. Berry St. (02) (PR)
Roser, Arthur J.....801 E. State Blvd. (05) (GP)
Rossiter, Dudley L. (S).3629 S. Harrison St. (07) (GS)
Rothberg, Maurice.....625 W. Berry St. (02) (OPH)
Rousseau, John W.....3124 E. State Blvd. (05) (OBG)
Royer, Jerry A.....3340 Cheviot Dr. (06) (Resident)

S

Safirstein, Moises.....2330 Beacon St. (05) (ANES)
Sahlmann, Hans (S).....3418 S. Hanna St. (06) (GP)
Salon, Harry W.....535 W. Berry St. (02) (GP)
Salon, Joel W.....604 W. Wayne St. (02) (IM)
Salon, Nathan L. (S).....604 W. Wayne St. (02) (GP)
Santelices, Vivente B.....4416 Tamarack (05) (ANES)
Schaab, Eric.....131 E. Tillman Rd. (06) (PD)
Scheeringa, Ronald H.....2902 Fairfield Ave. (07) (IM)
Schlademan, Karl R.
519 Medical Center Bldg. (02) (PATH)
Schleinkofer, Robert M...2828 E. State Blvd. (05) (GP)
Schloss, Robert P.....5717 S. Anthony Blvd. (06) (GP)
Schmidt, Eugene E.
Indiana Bank Bldg., Suite 725 (02) (ANES)
Schmoll, Robert J.....521 W. Wayne St. (02) (OPH)
Schneider, Louis A.....700 Broadway (02) (PATH)
Schoen, Frederic L.5717 S. Anthony Blvd. (06) (GP)
Schoenhals, Charles E.....5431 Vance Ave. (05) (GS)
Schubert, Jerome C.....5110 N. Clinton St. (05) (GP)
Schubert, Philip C.....6203 Plantation Lane (05) (GP)
Scott, H. Vaughn.....801 E. State Blvd. (05) (PD)
Scudder, James P.....3124 E. State Blvd. (05) (U)
Senseny, Eugene F.....2902 Fairfield Ave. (07) (PR)
Shinabery, Lawerence (S)
Three Rivers North, Suite 212 (02) (GP)
Short, John T. (S).....2908 Shawnee Dr. (07) (U)
Shugart, Robert R.....2609 Fairfield Ave. (07) (ORS)
Sidel, Alan W.....5110 N. Clinton (05) (GP)
Silvero, Hubert L.....1417 N. Anthony Blvd. (05) (GP)
Sirlin, Edward M.....2615 Trier Rd. (05) (PD)
Smith, C. Curtis.....5110 N. Clinton (05) (GP)
Smith, Philip L.....2902 Fairfield Ave. (07) (OBG)
Smith, Roger C.....3124 E. State Blvd. (05) (IM)
Snyderman, Sanford C.
102 Medical Center Bldg. (02) (OTO)
Spencer, C. Herbert
Three Rivers North, Suite 105 (02) (ANES)
Stanley, Robert G.....3610 Brooklyn Ave. (07) (GP)
Stauffer, Richard C.....2730 E. State Blvd. (05) (ORS)
Steigmeyer, David J.....3124 E. State Blvd. (05) (PD)
Stier, Paul L.....721 Broadway (02) (IM)
Stovall, Alfred.....332 E. Pontiac (03) (GP)
Stucky, Jerry L.....5110 N. Clinton (05) (GP)
Sullivan, Robert E.
Three Rivers North, Suite 106 (02) (GS)
Swearingen, Alfred G.....2802 E. State Blvd. (05) (R)

T

Taylor, Robert G.....2902 Fairfield Ave. (07) (IM)
Terrill, Richard W.....446 W. Pontiac St. (07) (OPH)
Tomusk, August N.
Three Rivers East, Suite 104 (02) (GS)
Towles, Jeff H.....2709 S. Hanna St. (06) (GS)
Trier, Herbert P.....612 Medical Center Bldg. (02) (P)
Tunnell, Harry D. III....332 E. Pontiac St. (03) (GS)

U

Ungemach, Willo F.....3009 Fairfield Ave. (07) (IM)

V-W

Vogel, Lloyd A.
Three Rivers North, Suite 105 (02) (ANES)
Voorhees, Robert J.
Three Rivers North, Suite 106 (02) (GS)
Walker, Floyd B.....3505 S. Monroe (06) (GP)
Wallace, Collins R.
Indiana Bank Bldg., Suite 725 (02) (ANES)
Ward, Gerald F.....3124 E. State Blvd. (05) (U)
Warfield, Chester H. (S)
7024 Forest Wood Dr. (05) (OO)
Weber, John R.....710 W. Wayne St. (04) (PD)
Wick, Alfred A.....2120 Carew (05) (OPH)
Wierzalis, Edward F.....2017 Sherman St. (08) (GP)
Williams, Berniece M.....801 E. State Blvd. (05) (GP)
Willis, Robert L., Jr.....2902 Fairfield Ave. (07) (R)
Wilson, Roland B.....1207 S. Lafayette (02) (GP)
Wyatt, James L., III....2201 S. Calhoun St. (04) (OBG)

X-Y-Z

Zehr, Noah (S).....301 W. Creighton (07) (GP)
Zweig, Elmer Sam.....344 W. Berry St. (02) (GP)

Harshman, Louis P. (S)
Wesley Manor, 1555 N. Main St., Frankfort (46041) (OO)
Harvey, Harry C. (S).....Methodist Home, Franklin (46131) (OO)
Maldia, Godofredo.....410 W. Houston St., Garrett (46738) (IM)
Emme, Richard W.....Harlan (46743) (GP)
Miller, Wayne S.....610 N. Jefferson St., Huntington (46750) (GS)
Harless, O. Fred.....104 Summit, Monroeville (46773) (GP)

New Haven
(*Zip Code* 46774)

Dahling, Clemens W.....R. R. 2, Box 353 (OO)
Dahling, Fred W.....Dahling Bldg. (GP)
Hoetzer, Eldore M.....502 Henry (GP)
Sidell, James P.....1208 Lincoln Highway E. (GP)
Stumpf, Edwin E.....716 Broadway (GP)
Wade, Reynolds W.....1018 Bell Ave. (GP)

Miller, Kenneth D.....Woodburn (46797) (GP)

Cook, Ian H.....4 Lavendon Rd., Fish Hoek, Cape Province, South Africa (Resident)
Humphreys, John L.
55 Highland Rd., Apt. 202, Bethel Park, Pa. (15102) (OO)
Miller, Edward D.
3575 Westbury Rd., Birmingham, Ala. (35223) (Resident)
Prentiss, Nelson H. (S)
V. A. Hospital, Oteen, N.C. (28805) (PMR)
Rockey, Noah A. (S).....2539 N.E. 26th Terrace, Ft. Lauderdale, Fla. (33305) (OO)
Sherwood, Clarence E.
R.R. 2, Box 97A, Madison, S. Dakota (57042) (PUD)
Sherwood, J. Vincent (S)..229 Shangri-La, Largo, Fla. (33540) (PUD)

BARTHOLOMEW-BROWN COUNTIES

Columbus
(*Zip Code* 47201)

Able, Walter.....2760 25th St. (GP)
Adler, David L...Bartholomew County Hospital (PATH)
Beggs, Lowell F.....832 Washington St. (GS)
Brewer, David H.....1835 Park Valley Dr. (PD)
Bush, Robert....Bartholomew County Hospital (PATH)
Clay, Eleanor.....2030 Doctor's Park (IM)
Daugherty, Forest D.....2600 Sandcrest Blvd. (GP)
Davis, Marvin R.....908 Washington (GP)
Dugan, Thomas.....Doctor's Park (GP)
Echsner, Herman J.....Doctor's Park (GP)

Fisher, Walter S. (S).....422 Ninth St. (GP)
Fortner, Ray E.....Doctors' Park (U)
Fuller, Robert G.....Doctor's Park (GP)
Gammell, Lindley L.....602 22nd St. (GP)
Hart, Robert B.....712 Washington St. (GP)
Hauersperger, Alfred D.....2760 25th St. (OPH)
Hawes, Marvin E.....522 Seventh Ave. (GP)
Henry, Alvin L.....Doctor's Park (OPH)
Holden, Robert W.....2438 Cottage Ave. (GP)
Jacobs, E. Robert.....2756 25th St. (GP)
Knotts, Halleck S.....1813 25th St. (GS)
Krueger, Robert B.....2739 Central Ave. (GP)
Libbert, Edwin L. (S).....3377 Woodland Pl. (R)
McCullough, Henry G.....R.R. #4, Old Indpls. Rd. (GP)
Macy, George W.....2525 Sandcrest Blvd. (GS)
Marr, Griffith.....R.R. #1 (ANES)
Mohler, Floyd W.....2060 Doctor's Park (ORS)
Nelson, Bryan.....2760 25th St. (GP)
Norton, Harold J. (S).....909 Pearl St. (P)
O'Bryan, Richard B.....2739 Central Ave. (PD)
Overshiner, Lyman (S).....1817 Seventh St. (OO)
Ranck, Benjamin A.....2600 Sandcrest Blvd. (GP)
Rau, Charles A.....2600 Sandcrest Blvd. (GP)
Reid, Robert M.....2040 Doctor's Park Dr. (ANES)
Richmond, Harold W...Cummins Engine Co., Inc. (OM)
Ryan, C. David.....2600 Sandcrest Blvd. (OBG)
Ryan, William J.....Doctor's Park (GS)
Sandlin, Donald L.....2530 Sandcrest Blvd. (GP)
Schmitt, Richard K.....423 Ninth St. (GP)
Schneider, Kenneth D.....2760 25th St. (GP)
Sebahar, Duane.....2760 25th St. (IM)
Sigmund, William B.....2355 Central Ave. (U)
Snapp, Richard A.....2225 Central Ave. (IM)
Stribling, James L.....Doctor's Park (OBG)
Teal, Dorothy D. (S).....728 Franklin St. (GP)
Weinland, George C.....R.R. 5, Harrison Lake (P)
Weisenberger, Brockton L...3305 Woodland Pkwy. (GP)
Wickstrom, Otto W.....2775 National Rd. (PS)
Wickstrom, Otto W., Jr.....2781 National Rd. (ORS)
Wigh, Russell.....2400 E. 17th St. (R)
Williams Everett W.....2225 Central Ave. (GP)
Wissman, William L.....3374 Woodland Pkwy. (ANES)
Zaring, Bryon K.....2760 25th St. (GS)

James, Carroll F.....Box 7, Hope Medical Center, Hope (48246) (GP)
Seibel, Robert M.....Nashville (47448) (GP)

BENTON COUNTY

Leak, Robert H.....Boswell (47921) (GP)
Coddens, Avery L.....Earl Park (47942) (GP)
Miller, Dan T. (S).....Fowler (47944) (GP)
Turley, Verne L. (S).....Fowler (47944) (GP)
Altier, William H.
1721 Hemlock Rd., Lafayette (47904) (GP)
McKinney, Donald L.....Otterbein (47970) (GP)
Schuerich, Virgil.....Oxford (47971) (GP)
Byrn, Howard W. (S).....Little Co. of Mary Nursing Home, San Pierre (46374) (GP)
Stolz, Thomas J...R.R. 1, West Lafayette (47906) (GP)

BLACKFORD COUNTY

(See Delaware-Blackford)

BOONE COUNTY

Schaaf, Alvin D.....Jamestown (46147) (GP)

Lebanon

(*Zip Code* 46052)

Boyer, Don W.....1604 N. Lebanon St. (GS)
Burnes, Keith C.....1720 N. Lebanon St. (OPH)
Coons, John D. (S)....Boone County Bank Bldg. (GP)
Coons, Ritchie.....303 W. Washington St. (GP)
Honan, Paul R.....1720 N. Lebanon St. (OPH)
Kern, Clarence G.....1720 N. Lebanon St. (GP)
Lenox, Jack.....1202 N. Lebanon St. (GP)
McAfee, James R.....1608 N. Lebanon St. (GP)
Mukhtar, Fuad A.....1604 N. Lebanon St. (GS)
Perkins, Thornton D.....1202 N. Lebanon St. (GP)
Porter, Jack.....1122 N. Lebanon St. (GP)
Weddle, Charles O.....905 N. Lebanon St. (GP)

Bassett, Margaret A.....Thorntown (46071) (GP)
Gregg, Edwin E.....Thorntown (46071) (GP)
Bailey, Lawrence S.....Zionsville (46077) (GP)
Harvey, Ralph J. (S).....Zionsville (46077) (GP)
Jackson, Kathryn A.....Zionsville (46077) (GP)
Lovett, Harvey D.....Zionsville (46077) (GP)

BROWN COUNTY

(See Bartholomew-Brown)

CARROLL COUNTY

Wagoner, Don J.....Burlington (46915) (GP)
Wagoner, Marilyn L.....Burlington (46915) (GP)
Wise, Charles L.....Camden (46917) (GP)

Delphi

(*Zip Code* 46923)

Baker, Eldon E.....110 S. Union St. (GP)
Petry, T. Neal.....110 S. Union St. (GP)
Seese, Robert M.....101 W. North St. (GP)
Wagoner, George W.....Front & Union Sts. (GP)

CASS COUNTY

Logansport

(*Zip Code* 46947)

Bailey, Earl W.....212 Fifth St. (GS)
Bean, Joseph S.....1101 Michigan Ave. (R)
Brewer, Robert A.....216 Ninth St. (GP)
Burnett, Paul C.....Logansport State Hosp. (P)
Calisto, Ruben A.....2708 Elmwood Dr. (GP)
Chu, Johnson C.S.....Logansport State Hosp. (P)
Dian, August J.....Logansport State Hosp. (P)
Eckert, Russell A.....1101 Michigan Ave. (R)
Fish, James C.....26 & North Sts. (GS)
Glendening, Richard L.....420-A High St. (GP)
Hall, Bernard R.....422 High St. (OBG)
Hedde, Eugene L.....211 S. Third St. (GS)
Hillis, Lowell J.....718 E. Broadway (GP)
Hochhalter, Marian.....2400 Hasty Hyll (GP)
Horning, Richard R.....Logansport State Hosp. (P)
Howard, Joseph D.....26th & North Sts. (GP)
Jones, J. Carl.....422 North St. (GP)
Karnafel, Eugene T.....Logansport State Hosp. (P)
King, Jay M.....812 North St. (GS)
Mamaril, Blas F.....1001 E. Broadway (GP)
Maschmeyer, Robert H.....Logansport State Hosp. (P)
Morrical, David L.....212 Fifth St. (Military)
Morrical, Russell J.....212 Fifth St. (GP)
Newman, Milton A.....26th & North Sts. (GP)
Parker, E. Camille.....2500 E. Broadway (OPH)
Parker, Francis W., Jr.....2500 E. Broadway (OPH)
Pfuetze, Max E.....408 North St. (GS)
Phipps, Elwood B.....Logansport State Hosp. (P)
Sheller, Tom G.....Logansport State Hosp. (P)
Teaboldt, George A., Jr.....Logansport State Hosp. (P)
Williams, Earl K.....1101 Michigan Ave. (R)
Wilson, Paul H.....422 North St. (GS)

Newcomb, William K.....Royal Center (46978) (GP)
Cheng, Sylvia F.
Southeastern Medical Center, Walton (46947) (P)

CLARK COUNTY

Charlestown
(*Zip Code* 47111)

Goodman, Eli.....807 High St. (GP)
Hover, Galen M.....1385 Main St. (OM)
Shina, Hassi.....Charlestown Landing Rd. (GP)
Voskuhl, William L.....935 Water St. (GP)

Clarksville
(*Zip Code* 47131)

Mudd, Joseph P.....815 Eastern Blvd. (GP)
Willner, Alan.....630 Eastern Blvd. (GP)
Wolverton, George M.....647 Eastern Blvd. (GP)

Carr, Joseph H.....Henryville (47126) (GP)
Greene, William R.....Henryville (47126) (GP)

Jeffersonville
(*Zip Code* 47130)

Bachman, R. Keith.....201 E. Market St. (PD)
Bizer, Mier A.....1206 N. Spring St. (GP)
Brill, Joseph B.....201 E. Market St. (P)
Buehler, George M.....431 Locust St. (GP)
Byrd, Ryland P.....210 Sparks Ave. (PATH)
Carlberg, Dale L.....226 E. Maple St. (GP)
Carney, Joel T. (S).....347 Spring St. (GP)
Clark, William B., Jr.....435 Spring St. (GP)
Corrao, Thomas J.....435 Spring St. (GP)
Cosio, Julio.....1206 Spring St. (GP)
Duque, Fausto.....201 E. Market St. (ANES)
Ely, Cecil W.....Clark County Hospital (R)
Forsee, Norman E.....211 E. Market St. (GP)
Golden, William Y.....420 Wall St. (GP)
Gutman, Gordon.....R.R. 3 (GS)
Hargett, Herbert P.....435 Spring St. (OPH)
Havens, A. Lyle.....432 Wall St. (GP)
Havens, Thomas R.....201 E. Market St. (GP)
Horlander, Fridolin.....Gateway Plaza (GP)
Huoni, John S...1405 Youngstown Shopping Center (GP)
Isler, Nathaniel C.....519 Spring St. (GP)
Jimenez, Pedro.....201 E. Market St. (ANES)
Johnson, Jerome M.....1428 Gateway Plaza (GP)
McKechnie, Robert K.....432 Wall St. (GP)
Oca, Clemente F.....220 Wall St. (GS)
Reed, Edsel S.....Clark County Hospital (R)
Reeder, Henry H. (S).....140 N. High St. (OO)
Roby, Alma L.....201 E. Market St. (PD)
Shaw, Houston W.....435 Spring St. (GS)
Thompson, Walter T.....1403 Youngstown Dr. (GS)
Torres, Jose.....220 Wall St. (GS)
Witt, William R.....201 E. Market St. (OBG)

Heidemann, H. David
1919 State St., New Albany (47150) (R)

Sellersburg
(*Zip Code* 47172)

Meyer, Claude J.....119 S. Indiana Ave. (GP)
Regan, George L.....115 N. Indiana Ave. (GP)
Robertson, Robert E.....110 S. New Albany St. (GP)
Sturgis, Donald G.....117 S. Indiana Ave. (GP)

CLAY COUNTY

Brazil
(*Zip Code* 47834)

Advincula, Luis V.....Clay County Hospital (GP)
Conrad, Everett L.....1207 National Ave. (GP)
Farid, Rahim S.....111 N. Walnut St. (GS)
Froderman, Stanley E.....1207 National Ave. (GS)
Garvin, Donald B.....111 N. Walnut St. (GP)
Maurer, J. Frank.....111 N. Walnut St. (GS)
Maurer, Robert M.....111 N. Walnut St. (GP)
Mehne, Richard G.....3½ E. National Rd. (GP)
Moon, Charles E.....1207 National Ave. (GP)
Shattuck, John C.....1½ E. National Ave. (GP)
Wood, Opal L.....111 N. Walnut St. (GP)

Bond, Walter C. (S).....Clay City (47841) (GP)
Buell, Forrest R.....Clay City (47841) (GP)

CLINTON COUNTY

Frankfort
(*Zip Code* 46041)

Applegate, Albert E.....1303 S. Jackson St. (GP)
Beardsley, Frank A., Jr.....400 Kentwood Dr. (GP)
Carrel, Francis E.....209 S. Columbia St. (GP)
Dupler, Lee F.....1258 S. Jackson St. (PATH)
Dykhuizen, Theodore A.....608 E. Washington St. (GP)
Erdel, Milton W.....2 E. White St. (OTO)
Flora, Fred W.....1256 S. Jackson St. (GP)
Hammersley, George K.....361 E. Clinton St. (GS)
Hedgcock, Robert A.....259 E. Clinton St. (GP)
Stout, Harry T.....650 Harvard Terrace (GP)
Work, Bruce A.....1252 S. Jackson (GP)

Bush, Charles E.....Kirklin (46050) (GP)
Ketcham, John S. (S).....Rossville (46065) (GP)
Weller, Ralph D.....Rossville (46065) (GP)

CRAWFORD COUNTY

(See Harrison-Crawford)

DAVIESS-MARTIN COUNTIES

Pierce, William J.....Bruceville (47516) (PATH)
McNaughton, Lawrence M.
Crane Naval Base, Crane (47522) (GP)
Rohrer, James R.....Elnora (47529) (GP)

Loogootee
(*Zip Code* 47553)

Chattin, Robert E.....304 N.E. Second St. (GP)
Lett, Emory B.....408 E. Main (GP)

Washington
(*Zip Code* 47501)

Barrett, James W.....1312 Bedford Rd. (GS)
Blazey, Arthur G.....7 E. Walnut St. (GP)
Chattin, Vance J.....511 E. Main St. (GS)
Farmer, Charles R.....200 E. Main St. (IM)
Farris, John J.....514 E. Main St. (GP)
Lindsay, Hamlin B.....511 E. Main St. (GS)
McKittrick, Jack.....Peoples Bank Bldg. (GP)
Norton, Horace O.....511 E. Hefron St. (GP)
Rang, Arthur A. (S).....211 N.E. Ninth St. (OO)
Rang, Robert H.....1312 Bedford Rd. (GS)
Ross, Glenn E.....1307 Bedford Rd. (R)
Schafer, William C.....1312 Bedford Rd. (OTO)
Seat, Marshall H.....2 E. Walnut St. (GP)

DEARBORN-OHIO COUNTIES

Aurora
(*Zip Code* 47001)

Baker, Leslie M.....501 Fourth St. (GP)
Olcott, Charles W.....203 Main St. (GP)
Treon, James F. (S).....505 Fifth St. (GP)

McNeely, Matthew J. (S) Box 35, Dillsboro (47018) (GP)
Schaen, Michael D...Box 176, Dillsboro (47018) (GP)

Lawrenceburg
(*Zip Code* 47025)

Bowen, Gerald T.....209 Fourth St. (GP)
Conrad, Henry W.....370 Bielby Rd. (GP)
Frable, Frank L., Jr.....370 Bielby Rd. (GS)
Houston, Fred D.....30 W. High St. (GP)
Morrison, George G., Jr.....209 Fourth Ave. (GP)
Pfeifer, James M.....319 Front St. (GP)
Rhodes, Alfred K.....370 Bielby Rd. (OBG)
Scudder, Gary E.....370 Bielby Rd. (GP)
Streck, Francis A.....326 Walnut St. (GP)

Fessler, Gordon S. 311 Main St., Rising Sun (47040) (GP)

DECATUR COUNTY

Greensburg
(*Zip Code* 47240)

Acher, Robert P.....221 E. Washington St. (GP)
Callaghan, Winship C.....232 N. Broadway (OTO)
Dickson, Dale D.....333 E. First St. (GP)
Domingo, Ricardo C.....Bates Bldg. (GP)
Ducanes, Arnold D.....215 N. Franklin St. (GP)
Miller, James C.....317 N. Franklin St. (GP)
Morrison, James T.....207 N. Franklin St. (GP)
Paje, Alfredo Q.....Murphy Bldg. (GP)
Shaffer, William.....214 N. Franklin St. (GP)

Porter, Edward A. (S).....Westport (47283) (GP)
Porter, Robert A.....Westport (47283) (ANES)

DE KALB COUNTY

Auburn
(*Zip Code* 46706)

Covell, Harry M.....127 W. Seventh St. (GP)
Edwards, J. Robert .....903 S. Cedar St. (GS)
Harvey, John C.....405 S. Main St. (GP)
Hathaway, C. Bishop.....209 N. Jackson St. (GP)
Hines, Archie V. (S).....401 S. Main St. (GP)
Hines, John H.....403 Main St. (GP)
Hippensteel, Harland V.....208 W. Seventh St. (GP)
Jinnings, Loren E.....P. O. # (GP)
Nugen, Harold.....223 W. Seventh St. (GP)
Rogers, Evered E.....212 W. Sixth St. (GP)
Souder, Bonnell M. (S).....206 W. Seventh St. (GP)
Wills, Max.....347 W. Seventh St. (GP)

Shultz, Clifford.....Butler (46721) (GP)
Weirich, Charles I.....Butler (46721) (OO)

Garrett
(*Zip Code* 46738)

Carpenter, Ramesh S.....410 W. Houston (GP)
Nason, Robert A.....123 E. King St. (GP)
Novy, Charles A.....105 N. Randolph St. (OBG)

David, George J.....1 Maddox, Muncie (47304) (GP)
Coleman, Floyd B.....Waterloo (46793) (GP)
Hughes, William B.....Waterloo (46793) (GP)

Kantzer, Floyd B. (S).....12436 Morrow Ave., N.E., Albuquerque, New Mexico (87112) (GP)

DELAWARE-BLACKFORD COUNTIES

Brown, Stewart D.....Albany (47320) (GP)
Puterbaugh, Karl E. (S).....Albany (47320) (GP)
Egger, Ross L.....Daleville (47334) (GP)
Hurley, John R.....Daleville (47334) (GP)
Weisner, Richard M.....R. R. 1, Eaton (47338) (GP)
Eller, Alvan L.
115 N. Center St., Flora (46929) (Intern)
Ko, Richard C. B.....Gaston (47342) (GP)
Willman, Joe.....R. R. 1, Gaston (47342) (PATH)

Hartford City
(*Zip Code* 47348)

Dodds, James U.....227 W. Main St. (GP)
Dudgeon, Charles A.....720 N. Spring St. (GP)
Jackson, Dean B.....401 W. Washington St. (GP)
Owsley, Guy A.....214 N. High St. (OTO)
Parks, George O.....720 N. Spring St. (GP)
Sulit, Severino T.....214 N. High St. (GS)
Weldy, Bryce P.....227 W. Franklin St. (OTO)
Werry, Leslie E. (S).....1223 N. High St. (GP)

Burns, Paul E. 119 W. High St., Montpelier (47359) (GP)
Ingram, Richard
206 S. Main St., Montpelier (47359) (GP)

Muncie
(*Zip Code* 473 *plus zone number*)

Adams, Julia L.....Ball State University (06) (PD)
Adams, William B.....2810 Ethel Ave. (04) (ANES)
Alexander, Jack L.....Norwood Office Ct. (04) (PD)
Alvey, Charles R.....115 N. Cherry St. (05) (GP)
Ashburn, Clarence M.....2810 Ethel Ave. (04) (ANES)
Ball, Clay A. (S).....303 W. Adams St. (05) (GP)
Ball, Philip .....2600 W. Jackson St. (03) (IM)
Benken, Lawrence D....1111 W. Jackson St. (05) (OBG)
Bergwall, Warren L.....2923 W. Jackson St. (04) (GP)
Bibler, Harry E. (S)....311 W. Adams St. (05) (GP)
Boberg, Arthur R...420 W. Washington St. (05) (IM)
Border, John F.....2724 W. North St. (03) (IM)
Botkin, Charles T.....400 White River Blvd. (03) (GP)
Botkin, Clyde G.....508 W. Jackson St. (05) (GP)
Branam, George E.....38 Warwick Rd. (04) (PATH)
Braun, Stephen E.....Ball Memorial Hospital (03) (GP)
Brown, Leland G.....412 White River Blvd. (03) (ORS)
Brown, Thomas M.....212 N. Pauline Ave. (03) (IM)
Burwell, Stanley W.....424 W. Jackson St. (05) (GS)
Butz, Ralph O.....1525 W. Jackson St. (03) (GS)
Clark, Lintner E.....420 W. Washington St. (05) (R)
Clark, Robert M.....2809 Godman Ave. (04) (OPH)
Cooper, John F.....3022 S. Madison (02) (GP)
Covalt, Wendell E.....2724 W. North St. (03) (GS)
Cullison, John L.....Ball Memorial Hospital (03) (IM)
Cure, Elmer T.....217 S. Cherry St. (05) (GP)
Dersch, David M.....2501 W. Jackson St. (03) (OBG)
Dietz, David J.....2810 Ethel Ave. (04) (GP)
Duffy, James O.....420 W. Washington St. (05) (GP)
Dunning, Thomas W.....1600 W. McGalliard (04) (GP)
Dutchman, William R.....2810 Ethel Ave. (04) (ANES)
Fiederlein, Frederick J.....2809 Godman Ave. (04) (N)
Galliher, Marjorie J...410 White River Blvd. (03) (GP)
Geckler, Charles E.
203 Western Reserve Bldg. (05) (PATH)
Gibson, Robert K.....806 W. Jackson St. (05) (PD)
Goodell, Charles L.....2810 Ethel Ave. (04) (NS)
Greiber, Marvin F.....420 W. Washington St. (05) (P)
Gustafson, Milton H.....2606 W. Jackson St. (03) (D)
Hall, Robert S.....1604 W. McGallaird (04) (GP)
Hayes, Theodore R.....520 W. Main St. (05) (U)
Henderson, Ramon A.....806 W. Jackson St. (05) (PD)
High, Ralph L.....420 W. Washington St. (05) (OBG)
Hollingsworth, Thomas H..4028 Woodway Dr. (04) (GP)
Holmes, John L.....412 White River Blvd. (03) (ORS)
Hostetter, Michael G.....300 Winthrop St. (04) (Intern)
Imhof, Joseph D.....320 W. Adams St. (05) (R)
Jay, Arthur C.....1700 N. Winthrop St. (04) (PATH)
Kalker, Morton.....2810 Ethel Ave. (04) (ANES)
Kammer, Grace C.....1005 W. Parkway Dr. (04) (OO)
Kirshman, Forrest E.....211 S. High St. (05) (GP)
Koch, Edwin F., Jr...Ball Memorial Hospital (03) (R)
Koss, K. William.....1600 W. Jackson St. (03) (GP)
Kress, James W.....2809 Godman Ave. (04) (GS)
LaDuron, Jules F. (S)....614 S. Liberty St. (05) (GP)
Lawson, Lawrence J.....110 N. Cherry St. (05) (GS)
McCallister, Larry L.....2518 Rosewood (04) (GP)
McClintock, James A.....316 W. Adams St. (05) (GS)
McDowell, Fletcher W.....926 W. Main St. (05) (GS)
Mathewson, Russell C...Box 157, Benton Rd. (02) (P)
Montgomery, Lall G.
Ball Memorial Hospital (03) (PATH)
Montgomery, Ralph F...2809 Godman Ave. (04) (OBG)
Moore, Jack C.....212 N. Pauline Ave. (03) (GP)
Moore, William C. (S)....110 N. Cherry St. (05) (GS)
Morris, Jean W.....247 Johnson Bldg. (05) (OPH)
Moss, Mavor J.....1010 W. Parkway Dr. (03) (OO)
Nelson, Harold E.....424 W. Jackson St. (05) (IM)
Newnam, Philip E...420 W. Washington St. (05) (IM)
Osborne, John V.....420 W. Washington St. (05) (GS)
Peacock, Robert C.....2724 W. North St. (03) (U)
Pippinger, Joseph I.....310 W. Jackson St. (05) (GP)
Pippenger, Wayne G..Ball State University (06) (ADM)
Quick, William J.....314 E. Washington St. (05) (GP)
Reedy, Richard L.....118 Alden Rd. (04) (GP)

Rittmeyer, Jack L.....1309 Ridge Rd. (04) (IM)
Rivers, Glynn A.....625 W. Adams St. (05) (GP)
Roch, L. Marshall...406 White River Blvd. (03) (OPH)
Scherschel, J. Kent..Ball Memorial Hospital (03) (Intern)
Schulhof, Maurice G...420 W. Washington St. (05) (GS)
Searight, Howard R.....2923 W. Jackson St. (04) (OTO)
Shaw, Matthew C.....2810 Ethel Ave. (04) (ANES)
Speck, Carlson R.....Ball Memorial Hospital (03) (R)
Stanley, John R.....1111 W. Jackson St. (05) (OBG)
Stibbins, Warren E.....2605 Wheeling Ave. (04) (GP)
Stout, Francis E.....2423 W. Jackson St. (03) (OBG)
Taylor, Donald R.....Ball Memorial Hospital (03) (R)
Tharp, Donald W.....402 W. Jackson St. (05) (OTO)
Tharp, John D. .....2923 W. Jackson St. (05) (U)
Tomlin, Hugh M.....420 W. Washington St. (05) (IM)
Vlaskamp, Elaine.....500 W. Charles St. (05) (GP)
Voss, Gert.....420 W. Washington St. (05) (OBG)
Walker, Jack M.....412 White River Blvd. (03) (ORS)
Wince, Leland L.....806 W. Jackson St. (05) (PD)
Yarling, John L.....1711 Riverside Ave. (03) (CHP)
Young, Gerald S.....924 W. Main St. (05) (PD)

Hinchman, Jean F.....Parker (47368) (GP)
Cole, Larry G.....Yorktown (47396) (GP)
Cooley, Paul P.....Yorktown (47396) (GP)
Hill, Robert E.....Yorktown (47396) (GP)

Botkin, Charles L. (S)
1007 S. Oceanside Dr., Hollywood, Fla. (33020) (OO)
Haines, David W.
Com. Atk. Car. Air Wing One, NAS Oceana, Virginia Beach, Va. (23460) (OPH)
Owsley, William J.....Carswell A.F.B., Fort Worth, Texas (76100) (Military)
Porter, Frederick H.....2909 Mere Dr., Columbia, Tenn. (38401) (Military)
Rivers, Thomas A.
4021-18 Ave., N.W., Rochester, Minn. (55901) (Resident)

DUBOIS COUNTY

Barrow, John H.....Dale (47523) (GP)
Backer, Henry G. (S).....Ferdinand (47532) (GP)
Fajardo, Manuel.....Ferdinand (47532) (GP)
Leon, Mario.....Holland (47541) (GP)

Huntingburg
(*Zip Code* 47542)

Amini, Sohrab.....521 Fourth St. (GS)
Borges, Victor J.....409 Van Buren (GS)
Bretz, John M.....302 Fourth St. (GP)
Craig, Harry L.....409 Van Buren (GP)
Erhart, Herbert G.....409 Van Buren (GP)
Scales, Alfred B. (S).....409 Van Buren (GP)
Scales, Allen D.....409 Van Buren (GP)
Stork, Harvey K. (S).....509 Fourth St. (GP)
Williams, Fielding P.....215 W. Walnut St. (GP)

Jasper
(*Zip Code* 47546)

Beaven, John B.....111 Central Bldg. (GS)
Bomalaski, M. Donald.....Memorial Hospital (R)
Gootee, Francis H.....501 Clay St. (GP)
Gootee, Thomas H.....501 Clay St. (GP)
Heck, Martin C.....801 Newton (GP)
Held, George A.....716 W. Ninth St. (GP)
Klamer, Charles H.....715 MacArthur St. (GP)
Lukemeyer, St. John (S).....109 W. 12th St. (GP)
Ploetner, Edward J.....111-115 Central Bldg. (GS)
Salb, John P.....106 Metzger Bldg. (GP)
Salb, Leo A. (S).....301 E. Sixth St. (GP)
Wagner, Arthur L.....115 E. Ninth St. (GP)

ELKHART COUNTY

Horswell, Richard G.....Bristol (46507) (IM)
Neidballa, Edward G.....Bristol (46507) (GP)

Elkhart
(*Zip Code* 46514)

Arlook, Theodore D.....912 W. Franklin St. (D)
Atwood, William H.....303 S. Nappanee St. (IM)
Bender, Robert L.....411 S. Third St. (GP)
Benson, James E.....303 S. Nappanee St. (P)
Billings, Elmer R.....303 S. Nappanee St. (IM)
Bloom, George R.....Simpson & Superior Sts. (GP)
Boling, Richard C.....1332 W. Indiana Ave. (OPH)
Bowdoin, George E. (S).....515 S. Second St. (GP)
Campbell, Patrick B.....605 Oakland Ave. (PD)
Cassim, Rechad M.....303 S. Nappanee St. (PD)
Classen, Pete R. C.....4112 S. Main St. (GP)
Compton, Walter A.....2225 Greenleaf Blvd. (OM)
Conklin, Raymond L. (S)....Ames Company, Inc. (OM)
Cormican, Herbert L.....1400 Hudson St. (OBG)
Dovey, Edward G.....513 Oakland Ave. (U)
Durham, Thomas E.....303 S. Nappanee St. (ORS)
Echeverria, Rodolfo E.....303 S. Nappanee St. (ORS)
Elliott, Thomas A.....303 S. Nappanee St. (IM)
Fear, Olan D.....303 S. Nappanee St. (IM)
Finfrock, James D.....515 S. Second St. (GS)
Futterknecht, James O.....303 S. Nappanee St. (GS)
Gattman, G. Beach.....303 S. Nappanee St. (PD)
Graber, Virgil R.....1400 Hudson St. (OBG)
Gray, Edwin H.....518 W. Franklin St. (GP)
Gray, Mary Case.....518 W. Franklin St. (Resident)
Hannah, Jack W.....1906 E. Jackson Blvd. (ANES)
Harrell, Ronald R. .....R. R. #5 (OM)
Heiser, Ervin W.....1400 Hudson St. (OBG)
Heminway, Norman L...1700 Rainbow Bend Blvd. (OM)
Hurley, James W.....303 S. Nappanee St. (IM)
Ivy, John H.....Box 2507 (IM)
Jones, Robert B.....1528 W. Franklin (OTO)
Kesim, Mufit H.....1332 W. Indiana Ave. (PD)
Kintner, Burton E.....Simpson & Superior Sts. (GP)
Klassen, Otto D.....2600 Oakland Ave. (CHP)
Koehler, Elmer G.....416 W. Lexington Ave. (GP)
Krause, Frederick.....4117 S. Main St. (GP)
Lundt, Milo O.....1400 Hudson St. (U)
Luther, William C.....3006 East Lake Dr., S. (ADM)
McArt, Bruce A.....1332 W. Indiana Ave. (GS)
Mark, George A.....814 W. Marion St. (IM)
Martin, Paul H.....313 N. Second St. (PH)
Middleton, Ramona J.....1400 Hudson St. (OBG)
Miller, Galen R.....403 S. Ninth St. (GS)
Miller, Hugh A., Jr.....1127 Myrtle St. (IM)
Miller, Samuel T. (S).....506 S. Second St. (GP)
Mininger, Edward P.....1400 Hudson St. (OBG)
Mishkin, Irving.....209 S. Second St. (GP)
Mishkin, Marvin.....209 S. Second St. (IM)
O'Donovan, Cornelius J.....1127 Myrtle St. (OM)
Paff, William A.....1509 Meadow Lane (IM)
Paine, George E.....329 Meisner Ave. (ANES)
Pancost, Vernon K.....1000 W. Marion St. (GP)
Parshall, Dale B.....3528 Gordon Rd. (R)
Papadopoulos, Aristides P...303 S. Nappanee St. (ORS)
Peterson, James A.....303 S. Nappanee St. (PD)
Pletcher, William D.....303 S. Nappanee St. (IM)
Price, Robert W.....2600 Oakland Ave. (CHP)
Rouen, Robert L.....1209 Harrison St. (OPH)
Rupe, Lloyd O.....211 S. Fifth St. (GS)
Rupel, Dennis F.....2600 Oakland Ave. (P)
Scheer, Alexander L.....303 S. Nappanee St. (OTO)
Schlosser, Herbert C. (S).....116 W. Marion St. (GS)
South, Dale R., Jr.....Simpson & Superior Sts. (GP)
Spray, Page E.....320 W. High St. (GP)
Stubbins, William M.....1006 W. Franklin St. (GP)
Swank, Lucretia R.....1600 E. Jackson Blvd. (ANES)
Swihart, Danny D.....Simpson & Superior Sts. (GP)
Swihart, Homer R.....1200 W. Marion St. (GP)
Wilson, Orley E.....217 N. Main St. (GP)
Yoder, C. Richard.....603 Oakland Ave. (PD)
Zeitler, Philip S.....1332 W. Indiana Ave. (ORS)

Goshen
(*Zip Code* 46526)

Bender, John M.....Goshen General Hospital (GP)

Bigler, Frederick W.....314 S. Fifth St. (ANES)
Bowser, Philip G.....107 S. Fifth St. (GP)
Chandler, Leon H.....112 E. Lincoln Ave. (GS)
Gunderson, Shaun D.....Goshen General Hospital (R)
Haney, Leslie E.....112 S. Fifth St. (IM)
Harris, Neil R.....307 S. Seventh St. (GP)
Kennedy, Myron S.....1908 W. Clinton St. (GP)
Krabill, Willard S.....110 W. High Park Ave. (GP)
Massanari, Walter S.....211 Egbert Rd. (ANES)
Minter, Donald L.....110 W. High Park Ave. (IM)
Quilty, Thomas J.....112 E. Madison St. (OTO)
Smucker, Ernest E.....112 S. Fifth St. (GS)
Troyer, Dana O.....201 E. Clinton St. (OPH)
Troyer, Weldon.....110 W. High Park Ave. (GP)
Turner, John P.....115 E. Washington St. (GP)
Westfall, George S.....304 E. Lincoln Ave. (GP)
Young, Ralph H.....113 E. Madison St. (GP)

Gill, Dee D.....Leesburg (46538) (GS)
Yoder, Carl J.....Middlebury (46540) (GP)
Yoder, Jonathan G.....Middlebury (46540) (GP)
Rheinheimer, Floyd L.....Milford (46542) (GP)

Nappanee

(*Zip Code* 46550)

Graber, Alvin R.....357 N. Nappanee St. (GP)
Kendall, Forest M.....654 Woodland Ct. (GP)
Price, Douglas W.....162 E. Market St. (GP)
Roose, Lisle W.....357 N. Nappanee St. (GP)
Wenger, James E.....357 N. Nappanee St. (GP)

DeFries, John J.....New Paris (46553) (GP)
Gorham, Charles E.....New Paris (46553) (GP)
Clark, Jack P.....303 S. Hunnington, Syracuse (46567) (GP)
Craig, Robert A...P. O. Box 607, Syracuse (46567) (GP)
Fosbrink, Ephraim L.
218 S. Huntington St., Syracuse (46567) (GP)
Zimmerman, William H...R. R. 2, Syracuse (46567) (GP)
Guttman, John B.....Wakarusa (46573) (GP)
Miller, James.....Wakarusa (46573) (GP)

Todd, David D. (S)
6455 La Jolla Blvd., La Jolla, Calif. (92037) (OO)
Wagner, David G.
210 Athol Ave., Oakland, Calif. (94606) (GP)
Whitlock, Coleman M., Jr.
Hershey Foods, Hershey, Pa. (17033) (OM)

FAYETTE-FRANKLIN COUNTIES

Brookville

(*Zip Code* 47012)

Peters, Elmer E.....830 Main St. (GP)
Seal, Perry F.....901 Main St. (GP)

Connersville

(*Zip Code* 47331)

Ellis, George M.....108 E. 10th St. (GP)
Hudson, Arlington M.....321 W. 20th St. (GP)
Janes, R. Grant.....1941 Virginia Ave. (R)
Kerrigan, William F.....707 W. Third St. (GP)
Lockhart, Jack M.....707 W. Third St. (GP)
Mountain, Francis B.....930 Central Ave. (GP)
Neukamp. Frank H.....707 W. Third St. (GP)
Sanders, Bertram W.....634 Eastern Ave. (GP)
Steinem, Joseph L.....818 Grand Ave. (GP)
Watterson, Gerald T.....1910 Virginia Ave. (GP)
Winklepleck, A. M.....R. R. 6 (OO)

FLOYD COUNTY

Boha, Rudolf L.....Borden (47106) (GP)
Bickers, Everett E.
Route 2, Box 428, Floyds Knobs (47119) (GP)
Allen, George S.....Georgetown (47122) (GP)
Receveur, Paul E...Box 403, Jeffersonville (47130) (GP)

New Albany

(*Zip Code* 47150)

Baker, Avey M. (S).....811 E. Spring St. (GP)
Baxter, Samuel M. (S).....1201 E. Spring St. (OTO)
Bierly, George R.....1919 State St. (U)
Bowman, Leon.....2652 Charlestown Rd. (OO)
Brown, Kenneth H.....410 E. Spring St. (GP)
Buchman, Marshall H.....1824 State St. (GP)
Bundy, Vernon.....700 Spring St. (GS)
Cannon, Daniel H.....1203 E. Spring St. (GP)
Cook, Melvin D.....1919 State St. (GS)
Edwards, William F.....604 E. Spring St. (OTO)
Garner, William H., Jr.....919 E. Spring St. (GS)
Garner, William H., Sr. (S).....919 E. Spring St. (GS)
Harlowe, Stuart E.....15 Trimingham Rd. (U)
Hess, Paul P.....Floyd Co. Bank Bldg. (PD)
Higgins, John R.....700 E. Spring St. (GS)
Johnson, William V.....1919 State St. (R)
Jones, Thomas M.....1919 State St. (GP)
LaFollette, Donald R.....1000 E. Spring St. (GP)
LaFollette, Robert E.....1000 E. Spring St. (GP)
McCullough, James Y.....700 E. Spring St. (GS)
Nedelkoff, Bogdan.....R. R. 2, Box 500H (PATH)
Paris, John M.....1919 State St. (GP)
Perdomo, Octavio J.....Silvercrest Hospital (GP)
Pierce, Gene S.....1696 Garretson Lane (GP)
Pope, Howard A.....1919 State St. (GP)
Rand, B. O.....1919 State St. (NS)
Receveur, Robert.....2626 Charlestown Rd. (GP)
Robertson, Addis N. (S).....820 E. Spring St. (GP)
Robinson, Nan.....1726 State St. (PD)
Ruoff, William F.....1109 Lafayette Dr. (IM)
Shelton, Clyde F.....1726 State St. (PD)
Sonne, Irvin H., Jr.....1546 Sunset Dr. (R)
Streepey, Jefferson I.....1919 State St. (GP)
Tyler, Frank T. (S).....420 Vincennes St. (GP)
Voyles, Harry E. (S).....213 Elsby Bldg. (GP)
Wallace, Elmer L.....1919 State St. (GP)
Wolfe, Morton F.....1919 State St. (GP)
Wolfe, Nelson A.....1919 State St. (GP)
Worley, Henry L.....601 E. Spring St. (OPH)
Youngs, Paul E.....2652 Charlestown Rd. (GP)

FOUNTAIN-WARREN COUNTIES

Attica

(*Zip Code* 47918)

Petrich, Peter R.....401 S. Perry St. (GP)
Raymundo, Vivencio F.....401 S. Perry St. (GP)

Covington

(*Zip Code* 47932)

Hoffman, Max N.....416 Union St. (GP)
Stephens, Lowell R.....600 E. Liberty St. (IM)
Suzuki, Tsutomu T.....505 Washington St. (GP)

Furr, Jack D.....Kingman (47952) (GP)
Person, Theodore C.....Veedersburg (47987) (GP)
Rusk, Hubert M.....Wallace (47988) (GP)
Nelson, Carl A.....West Lebanon (47991) (GP)
Ringer, William A.....Williamsport (47993) (GP)

FULTON COUNTY

Herrick, Charles L.....Akron (46910) (GP)
Miller, Virgil C.....Akron (46910) (GP)
Kraning, Kenneth K.....Kewanna (46939) (GP)

Rochester

(*Zip Code* 46975)

Herendeen, Elbie V.....120 W. Ninth St. (GP)
Knochel, Wayne L.....R. R. 2 (GP)
Richardson, Joseph D.....121 W. Eighth St. (GP)
Rowe, Howard H.....720 Jefferson St. (GP)
Stinson, Dean K.....816 Main St. (GP)
Walton, F. Richard.....R. R. 2 (GS)

GIBSON COUNTY

Noveroske, Richard J.
3901 Lincoln Ave., Evansville (47715) (R)
Geick, Raymond G.....Fort Branch (47533) (GP)
Marchand, Edwin V. (S).....Haubstadt (47539) (GP)
Petitjean, Harold G.....Haubstadt (47539) (GP)
Dye, William E.....Oakland City (47560) (GP)

Princeton
(*Zip Code* 47570)

Graves, Orville M. (S).....116 S. Hart St. (GP)
McCarty, Virgil (S).....113 S. Main St. (GP)
McElroy, Robert S.....116 S. Main St. (GS)
Peck, James F.....302 N. Prince St. (GP)
Weitzel, Roland E.....114 S. Hart St. (GP)
Wells, William R.....109 E. State St. (GP)

GRANT COUNTY

Shrock, Ethan E.....Amboy (46911) (GP)
Malott, Fred R.....Converse (46919) (GP)
Yale, Charles A.....Fairmount (46928) (GP)
Love, V. Logan
1301 S. Harrison St., Fort Wayne (46802) (IM)
Munoz, Jose C.
6507 Midfield Dr., Fort Wayne (46809) (PD)
Koontz, William A.
126 E. Main St., Gas City (46933) (GP)
Shoemaker, Richard L.
212 E. North C St., Gas City (46933) (GP)
Baskett, Russell J.....Jonesboro (46938) (GP)

Marion
(*Zip Code* 46952)

Abell, Charles F.....500 Wabash Ave. (ORS)
Alderfer, Henry H.....208 W. Fourth St. (IM)
Ansbacher, Stefan (H).....P. O. Box 867
Ayres, Wendell W.....500 Wabash Ave. (GS)
Baluyut, Amando L.....2146 C Frederick Dr. (U)
Belcher, Alan D.....Marion General Hosp. (R)
Bloom, Asa W.....724 W. Third St. (GP)
Boldy, Mirhan.....131 N. Washington St. (GP)
Boyer, Grace M. B.....605 Locust St. (GP)
Brown, Robert M.....520 Marion Nat'l Bank Bldg. (GP)
Caldwell, Richard B.....625 W. Fourth St. (GP)
Chan, John T.....P.O. Box 1111 (ANES)
Chaney, Robert D.....2565 Breezewood Dr. (ANES)
Comeau, William J.....Marion General Hosp. (R)
Cunningham, Robert D.....500 Wabash Ave. (IM)
Davis, Joseph B.....131 N. Washington St. (GS)
Davis, Merrill S. (S).....131 N. Washington St. (GS)
Donaldson, Miles W.....2927 S. Washington St. (GP)
Dunbar, Fred E.....1251 Kem Rd. (GP)
Fisher, Henry.....1502 S. Washington St. (GP)
Fisher, Pierre J., Jr.....500 Wabash Ave. (GS)
Fuelling, James L.....131 N. Washington St. (OPH)
Ganz, Max.....1251 Kem Rd. (GP)
Garrison, Leon J. (S)....131 N. Washington St. (GP)
Goldsmith, David A.....2711 River Rd. (IM)
Grant, M. Arthur.....P. O. Box 1088 (ANES)
Guevara, Teodoro G.....131 N. Washington St. (IM)
Hummel, Russel M.....500 Wabash Ave. (GP)
Jarrett, John C.....208 W. Fourth St. (OBG)
Jesch, Doris.....706 Gardner Dr. (PD)
Kershner, Charles R.....500 Wabash Ave. (ORS)
Khalouf, Herbert C.....131 N. Washington St. (GS)
Khalouf, Shirley T.....2036 Kem Rd. (PMR)
Lahr, Richard E.....1121 W. Third St. (GP)
Lavengood, Russell W. (S).....225 Glass Block (GP)
Long, Max R.....803 S. Boots St. (GP)
Lonngren, Dudley H.....131 N. Washington St. (R)
McKeever, Joseph W.....131 N. Washington St. (IM)
Miller, H. Allison.....320 Glass Block (GS)
Musselman, Lawrence K.....500 Wabash Ave. (P)
Pattison, John D.....131 N. Washington St. (IM)
Pearcy, Marcene.....500 Wabash Ave. (U)
Powell, J. Paxton.....500 Wabash Ave. (GS)
Rajachar, Mathikere R.....131 N. Washington St. (IM)
Reid, James D.....500 Wabash Ave. (OPH)
Renbarger, Lester L.....1531 W. Second (GP)
Rhamy, Donald E.....500 Wabash Ave. (U)
Rhorer, John G.....500 Wabash Ave. (ANES)
Shuck, William A., Jr.....1251 Kem Rd. (GS)
Simmons, Frederick H.....1009 N. Baldwin (OTO)
Skomp, Claud E.....500 Wabash Ave. (R)
Smith, Barton T.....208 W. Fourth St. (OBG)
Smith, Evrett E.....Marion General Hosp. (R)
Snowhite, Arthur B.....500 Wabash Ave. (OPH)
Thompson, B. Jay.....Marion General Hosp. (PATH)
Thompson, Samuel R.....500 Wabash Ave. (OPH)
Walton, R. Lee.....4921 S. Western Ave. (PD)
Warren, Carroll B.....511 Glass Block (OBG)
Weinberg, Samuel.....905 Euclid Ave. (GP)
Wilson, Ned A.....317 N. Western Ave. (PD)
Wojcik, Ladislas D.....131 N. Washington St. (PD)
Young, Robert G.....1207 Northwood Ct. (GP)

Goetcheus, Janell A.....Upland (46989) (ADM)
Taylor, Everett C.....Upland (46989) (GP)
Rifner, Eugene S.....Van Buren (46991) (GP)
Rhamy, Arthur P.....R. R. 5, Wabash (46992) (U)
Woodbury, J. W.
USAID, LAHORE, Dept. of State, Washington, D. C. (20521) (IM)

GREENE COUNTY

Bloomfield
(*Zip Code* 47424)

Graf, Jerome A.....227 W. Mechanic St. (GP)
Lardizabal, Jose M.....55 N. Franklin St. (GP)
Mount, Mathias S.....55 N. Franklin St. (GP)
Turner, Harold B. (S).....126 E. Indiana Ave. (GP)

Jasonville
(*Zip Code* 47438)

Porter, Carl M.....124 Cook St. (GP)
Rotman, Harry G.....111½ E. Main St. (GP)
Rotman, Sam I.....P. O. Box 127 (GP)

Linton
(*Zip Code* 47441)

Bailey, Edwin B.....129 E. Vincennes (GP)
Broshears, Kenneth P.....129 E. Vincennes (GP)
Raney, Ben B.....129 E. Vincennes (GP)
Tomak, Milton E.....289 N. Main St. (GP)
Woner, John W.....Linton (GP)

Moses, George E. (S).....Worthington (47471) (GP)
Moses, Robert E.....Worthington (47471) (GP)

HAMILTON COUNTY

Havens, Oscar.....Cicero (46034) (GP)

Noblesville
(*Zip Code* 46060)

Ambrose, Jesse C.....298 N. Ninth St. (GP)
Blackburn, Howard R.....Riverview Hospital (R)
Carter, Eunice M.....1084 Clinton St. (PD)
Harris, Robert F.....297 S. 10th St. (GP)
Hash, John S.....450 Lafayette Rd. (GS)
Haywood, John G.....110 Lakeview (GP)
Lanning, R. Adrian.....10th and North Dr. (GP)
Lloyd, Joe R.....107 John St. (GP)
Shanks, Ray W. (S).....1507 Logan St. (GP)
Waitt, Paul M.....450 Lafayette Rd. (GS)

Griffith, James W. (S).....Sheridan (46069) (GP)
Manhart, Doyle B.....Sheridan (46069) (GP)
Newby, Eugene.....Sheridan (46069) (GP)
Connoy, Leo F.....Westfield (46074) (GP)

HANCOCK COUNTY

Scott, Robert O.....Charlottesville (46117) (GP)
Garrison, James L.....Cumberland (46229) (GP)
Navin, Hugh K.....Fortville (46040) (GP)
Rhynearson, Hal R.....Fortville (46040) (GP)
Rhynearson, William R.....Fortville (46040) (GP)

Greenfield
(*Zip Code* 46140)

Adams, Max R. (S).....822 Oak Blvd. (GP)
Anderson, James T.....120 W. McKenzie Rd. (GP)
Beeson, Wilbur P.....120 W. McKenzie Rd. (GP)
Endicott, Wayne H.....120 W. McKenzie Rd. (GP)
Farrell, John J., Jr.....120 W. McKenzie Rd. (GP)
Henn, R. Anthony.....137 Michigan (GP)
Hunter, Donn R.....120 W. McKenzie Rd. (GP)
Kinneman, Robert E.....120 W. McKenzie Rd. (GP)
Kirby, Ted C.....P.O. Box 707 (GP)
Moenning, John E.....120 W. McKenzie Rd. (GS)
Pareja, Frank S.....804 N. State St. (GP)
Rea, Ralph L.....120 W. McKenzie Rd. (GP)
Singco, Bienvenido O.....744 N. State St. (GP)
Smith, John H.....144 Grandison Rd. (GP)
Thomas, Andrew C.....10 W. Boyd St. (GP)
Vingis, Bronie A.....746 N. State St. (GP)

Arive, Floro F.....12205 Old Orchard Dr., Indianapolis (46236) (GP)
Cagle, Bob R.....New Palestine (46163) (GP)
Pierson, Thomas A.....New Palestine (46163) (GP)
Miller, Joseph A.....Oaklandon (46236) (GP)
Kuhn, Robert W.....Wilkinson (46186) (GP)

HARRISON-CRAWFORD COUNTIES

Corydon
(*Zip Code* 47112)

Blessinger, Louis H.....101 W. Chestnut St. (GP)
Brockman, Wilfred J.....439 E. Chestnut (GP)
Dillman, Carl E.....Beaver & Oak Sts. (GP)
Dukes, David J.....439 E. Chestnut St. (GP)
Jordan, Richard A.....Harrison Dr. (GP)
Martin, Samuel W.....R. R. 1 (GP)

May, R. Milton.....Laconia (47135) (GP)
Seipel, Stanley.....Lanesville (47136) (GP)
Benz, Jesse C. (S).....Marengo (47140) (GP)

HENDRICKS COUNTY

Brownsburg
(*Zip Code* 46112)

Baker, Glenn.....Box 36 (GP)
Black, M. James.....702 E. Main St. (GP)
Scudder, Arthur N.....24 N. Grant St. (GP)
Walker, Thomas M.....702 E. Main St. (GP)

Danville
(*Zip Code* 46122)

Cheesman, Donald D.....637 E. Main St. (GP)
Heinlein, Carl L.....100 Meadow Dr. (GP)
Kerlin, Joseph C.....100 Meadow Dr. (GP)
Kirtley, Robert W.....138 W. Marion St. (GP)
Koch, Elmer L.....201 E. Columbia St. (GP)
Terry, Lloyd S.....138 W. Marion St. (GP)

Calhoon, John P.
Avon, Box 300C, R. R. 8, Indianapolis (46231) (GP)
Coats, Eli A.
Avon, Box 300C, R. R. 8, Indianapolis (46231) (GP)
Ellis, Lyman H.....Lizton (46149) (GP)
Gibbs, Joseph W.
Home Lawn Sanitarium, Martinsville (46151) (GP)
Scamahorn, Malcolm O.....Pittsboro (46167) (GP)

Plainfield
(*Zip Code* 46168)

Aiken, Milo M.....140 N. Center St. (GP)
Cohen, Irving.....645 E. Main St. (GP)
Haggard, David B.....P. O. Box 191 (GP)
Stafford, William C.....P. O. Box 97 (GP)
Warbinton, Fred P.....P. O. Box 337 (GP)

HENRY COUNTY

Donahue, Francis E.....Dublin (47335) (GP)
Miller, William A. (S)
99 S. Washington, Hagerstown (47346) (GP)
Wiatt, Leonard, H.....Knightstown (46148) (GP)
Stauffer, George E.....Mooreland (47360) (GP)

New Castle
(*Zip Code* 47362)

Bledsoe, James G.....319 S. 14th St. (GP)
Brock, Joseph T.....New Castle State Hosp. (N)
Burnett, Arthur B.....106 N. Main St. (OPH)
Cain, David R.....1912 Bundy Ave. (GP)
Campbell, Sam W.....901 McCormack Dr. (R)
Dye, Cloyd L.....1007 N. 16th St. (IM)
Easter, James N.....1912 Bundy Ave. (GP)
Fisher, John E.....1135 Woodlawn Dr. (IM)
Foster, Ray T.....420 N. Main St. (GS)
Grant, Phyllis A.....3007 S. 14th St. (GP)
Heilman, William C., Jr.....1007 N. 16th St. (GP)
Heilman, William C. (S).....1007 N. 16th St. (GP)
Hill, Kenneth G.....530 S. Main St. (GP)
Iterman, George E. (S).....729 I Ave. (GP)
Kennedy, Walter U. (S).....208 Union Block (GS)
KinKade, Paul T.....1015 Broad St. (GS)
Life, Homer L.....1015 Broad St. (GS)
McDonald, Frank C.....365 Parkside Dr. (GP)
McElroy, James S.....1007 N. 16th St. (GS)
McKee, Roy G.....319 S. 14th St. (GP)
May, A. J.....540-C S. Main St. (GP)
Morec, George J.....1007 N. 16th St. (PD)
Murray, William E.....New Castle State Hosp. (P)
Paz, Luis.....1007 N. 16th St. (U)
Saint, William K.....540-B S. Main St. (GS)
Smith, Mark E.....1007 N. 16th St. (GS)
Steussy, Calvin N.....Henry Co. Hospital (PATH)
Stricker, Paul J.....319 S. 14th St. (GP)
Vivian, Donald E.....Henry County Hospital (R)
Webb, Joan L.....1234 Audubon Rd. (P)
Webb, O. Lynn.....1234 Audubon Rd. (GP)
Wilhelm, Guido P.....1007 N. 16th St. (OBG)
Zeps, E. Frances.....100 Van Nuys Rd. (GP)

Robertson, William S.....Spiceland (47385) (GP)
Burns, Winton H.
39 Kirby, Ft. Rucker, Ala. (36360) (Military)

HOWARD COUNTY

Harvey, Emerson C., Jr.....Burlington Clinic, Burlington (46915) (GP)
Denton, Larkin D.....Greentown (46936) (GP)
Longshore, Robert E.....9034 Compton St., Indianapolis (46240) (Resident)

Kokomo
(*Zip Code* 46901)

Alward, John H.....321 W. Walnut St. (GS)
Artis, Myrle E.....519½ N. Main St. (GP)
Bowers, Copeland C.....210 W. Mulberry St. (GP)
Bowers, Garvey B.....210 W. Mulberry St. (GS)
Bowers, John A.....210 W. Mulberry St. (OTO)
Bradley, Richard V.....3421 S. Lafountain (GP)
Brown, Richard J.....400 S. Berkley Rd. (U)
Bruegge, Theodore J.....315 S. Berkley Rd. (GS)
Cattell, Lee M.....400 S. Berkley Rd. (ORS)
Conley, Thomas M.....500 Southway Blvd., East (GP)
Craig, Reuben.....514 W. Superior St. (PD)

Crawford, Theodore R.....2114 W. Sycamore St. (IM)
Das, Amal K.....401 E. Reynolds Dr. (GP)
Doss, Jerome F.....3520 S. Lafountain (OBG)
Earl, Max M.....502 S. Berkley Rd. (IM)
Elleman, John H.....416 W. Mulberry St. (GP)
Ericson, Homer S.....107 S. Dixon Rd. (GP)
Fields, Donald L.....3520 S. Lafountain (PD)
Frazier, John L.....3421 S. Lafountain (IM)
Fretz, Richard C.....2008 W. Sycamore St. (GP)
Golper, Marvin N.....1907 W. Sycamore St. (R)
Good, Richard P.....400 S. Berkley Rd. (OTO)
Grothouse, Carl B.....400 S. Berkley Rd. (ORS)
Guin, Jere D.....400 S. Berkley Rd. (D)
Halfast, Richard W.....400 S. Berkley Rd. (ORS)
Harshman, James A.....St. Joseph Hospital (PATH)
Higgins, Jack W.....400 S. Berkley Rd. (GP)
Hutto, William H.....215 W. Superior St. (GP)
Jewell, George M....610 Armstrong-Landon Bldg. (OTO)
Kremers, George A.....400 S. Berkley Rd. (U)
Lehman, David P.....4200 Millerwood Lane (ANES)
Lodde, Marvin B.....3500 Tally Ho Dr. (ANES)
Lopez, Efran R.....Howard Community Hosp. (ANES)
McClure, Warren N.....319 S. Berkley Rd. (GP)
McIndoo, Ralph E. (S).....313 W. Taylor St. (GP)
Maxson, Roy V.....Howard Community Hosp. (ANES)
Mendelson, Stanley M.....401 E. Reynolds Dr. (GP)
Michael, Robert L.....3423-C S. Lafountain (GS)
Moore, John M.....3520 S. Lafountain (OBG)
Murray, Ernest C.....408 W. Mulberry St. (IM)
Paris, Durward W...614 Armstrong-Landon Bldg. (IM)
Perkins, Powell L.....317 S. Berkley Rd. (GS)
Phares, Robert W.....1907 W. Sycamore St. (GP)
Prather, Philip E.....909 S. Courtland (GP)
Quakenbush, John.....3421 S. Lafountain (IM)
Radpour, Shokri.....2004 W. Sycamore (OTO)
Ramey, John W. (S).....121½ W. Mulberry St. (GP)
Rinehart, James J.....401 E. Reynolds Dr. (OBG)
Rudicel, Max.....1907 W. Sycamore St. (PATH)
Scherschel, Thomas R.....3423-B S. Lafountain (GS)
Schwartz, Frederick C.....2016 W. Sycamore (GP)
Sekulich, Milo.....St. Joseph Hospital (R)
Smith, Charles F.....Howard Community Hosp. (R)
Spangler, Jesse S. (S).....215 E. Taylor St. (GP)
Tate, James.....3520 S. Lafountain (PD)
Tignor, Sterling P.....401 E. Reynolds Dr. (GS)
Tofaute, John L.....3421 S. Lafountain (ORS)
Trimble, John G.....116 S. Buckeye St. (OPH)
Van Denbark, Howard M...313-B S. Berkley Rd. (OBG)
Wachob, Tom W., Jr.....3520 S. Lafountain (OBG)
Wilson, Norman K.....3421 S. Lafountain (ORS)

Ware, John R.....Russiaville (46979) (GP)

HUNTINGTON COUNTY

Huntington

(*Zip Code* 46750)

Blair, Richard G.....3 Parkmoor Dr. (GP)
Brubaker, Harold S.....42 W. Park Dr. (GP)
Casey, Stanley M. (S).....408 E. Market St. (GS)
Clunie, William A.....323 W. Park Dr. (OTO)
Cope, Stanton E.....1022 N. Jefferson St. (GP)
Doermann, Paul E.....1775 N. Jefferson St. (GS)
Erehart, Mark G. (S)..Maple Grove Rd., R.R. 8 (OPH)
Eviston, John B. (S).....34 E. Washington St. (GP)
Gill, D. Richard.....1751 N. Jefferson St. (GP)
James, Thomas, Jr.....202 U. B. Publishing Bldg. (GS)
Johnston, Robert G. (S).....339 E. Market St. (GP)
Marks, Howard H.....248 W. Park Dr. (GP)
Meiser, Robert D.....612 N. Jefferson St. (OTO)
Peare, Reeve B.....1751 N. Jefferson St. (GP)
Wagner, Richard.....1355 Guilford (GP)
Wheeler, Barth E.....818 W. Park Dr. (GP)

Cooper, B. Trent.....Roanoke (46783) (GP)
Bennett, J. B.....Warren (46792) (GP)
McLaughlin, James R.....Warren (46792) (GP)

JACKSON-JENNINGS COUNTIES

Gillespie, Garland R.....Brownstown (47220) (GP)
Shields, Jack E.....Brownstown (47220) (GP)
Bard, Frank B.
305 E. Howard St., Crothersville (47229) (GP)
Scharbrough, William D.....Ewing (47233) (GP)
Ellis, Forrest D.....4621 Melbourne Rd., Indianapolis (46208) (Resident)
Templeton, Ian S.
7825 N. Sherman Dr., Indianapolis (46240) (GS)

North Vernon

(*Zip Code* 47265)

Berkshire, Shaffer B.....241 Norris Ave. (Resident)
Calli, Louis J.....408 S. State St. (GP)
Johnson, William A.....245 Norris Ave. (GP)
Thayer, Benet W.....20 Jackson St. (GP)

Seymour

(*Zip Code* 47274)

Baxter, Harry R.....326 N. Walnut St. (GP)
Black, Joe M.....502 W. Second St. (GP)
Blaisdell, William F.....207 N. Pine St. (GP)
Bobb, Kenneth E.....410 S. Chestnut St. (GP)
Bosch, Ralph.....930 South Dr. (GP)
Day, William D. C.....515 W. Sixth St. (GS)
Graessle, Harold P. (S).....304 W. Second St. (GP)
Knotts, Slater.....650 Greenway Ct. (R)
Linson, John C.....324 W. Second St. (GP)
Miller, Harold E.....303 S. Walnut St. (GP)
Ripley, John W.....321 Bruce St. (GP)
Wiethoff, Clifford A.....214 N. Walnut St. (GS)

JASPER COUNTY

Schantz, Richard.....Remington (47977) (GP)

Rensselaer

(*Zip Code* 47978)

Beaver, Ernest R.....111 Thompson St. (GP)
Farrell, George E.....Jasper County Hosp. (R)
Greene, Robert W.....116 N. Cullen (GP)
O'Brien, Francis E. McKinley and Washington Sts. (GP)
Ockermann, Kenneth R.....119 W. Harrison St. (GP)
Williams, Paul A.....P. O. Box 317 (GP)

JAY COUNTY

Dunkirk

(*Zip Code* 47336)

Entner, Charles L.....226 S. Meridian St. (GP)
Shroyer, Herbert L.....1321 S. Main St. (GP)
Tate, Elizabeth.....317 S. Main St. (GP)

Andrews, C. Franklin.....R. R. 1, Geneva (46740) (GP)
Donnally, George.....R. R. 1, Geneva (46740) (GP)
Rudolph, Rosser A.
1 Wiltshire Rd., Muncie (47304) (PATH)

Portland

(*Zip Code* 47371)

Cripe, William H.....302 N. Meridian St. (GP)
Fitzpatrick, James S.....603 W. Arch St. (GS)
Gillum, Eugene M.....522 W. Arch St. (GP)
Keeling, Forrest E. (S).....504 W. Arch St. (PD)
Lopez, Alfonso.....16 Weiler Bldg. (GP)
Lyon, Florence M.....402 E. Walnut St. (GP)
Schenck, Ralph E.....603 W. Arch St. (GS)
Spahr, Donald E.....615 W. Race St. (ANES)
Steffy, Ralph M.....504 W. Arch St. (GP)
Vormohr, Joseph F.....604 W. Arch St. (GP)

JEFFERSON-SWITZERLAND COUNTIES

Madison
(*Zip Code* 47250)

Alcorn, Merritt O.....R. R. 2 (PATH)
Bascom, Karleen A.....Madison State Hospital (P)
Burcham, James B.....Madison State Hospital (GP)
Childs, Wallace E.....112 Presbyterian Ave. (R)
Fong, Theodore C. C.....Madison State Hospital (P)
Graves, Noel S.....722 W. Main St. (GP)
Hare, Francis W., Jr.....722 W. Main St. (IM)
Harnden, Hurlbut L.....426 E. Main St. (GS)
Harris, George F.....445 Clifty Dr. (GP)
Heaton, Elton.....King's Daughters' Hospital (PATH)
Jackson, Howard C.....104 E. Third St. (GP)
Johnson, Robert D.....722 W. Main St. (GP)
Love, John W.....Madison State Hospital (P)
McAtee, Ott B.....Madison State Hospital (P)
Modisett, Jackson W.....722 W. Main St. (GP)
Modisett, Marcella S.....722 W. Main St. (GP)
Petway, Allen P.....Jefferson Proving Ground (GP)
Pratt, Ralph M., Jr.....323 Poplar St. (Resident)
Ridlon, Albert.....Madison State Hospital (P)
Riley, Henry S.....722 W. Main St. (OBG)
Rogers, Donald B.....Madison State Hospital (P)
Rucker, Warren R.....Fairmont Dr. (GP)
Shuck, William A.....Odd Fellows Bldg. (GS)
Sloan, W. Keith.....426 E. Main St. (GS)
Turner, Anna Goss (S).....602 E. Second St. (ANES)
Zink, Robert O.....722 W. Main St. (GP)

Valenzuela, Diego C.....305 E. Main St., Vevay (47043) (GP)
Haney, William K.
3227 Ann St., Lansing, Ill. (60438) (Resident)

JOHNSON COUNTY

Deogracias, Francisco D.
R. R. 1, Edinburg (46124) (GP)
Topacio, Conrado S.
P. O. Box 127, Edinburg (46124) (GP)

Franklin
(*Zip Code* 46131)

Andrews, Hugh K.....1035 W. Jefferson St. (GP)
Bullers, Robert C.....395 S. Home Ave. (GS)
Chappel, Alfred T.....100 N. Main St. (GP)
Deppe, Charles F.....301 E. Jefferson St. (ANES)
Ferrara, Joseph F.....1107 N. Main St. (GS)
Foster, Robert H. K.....301 E. Jefferson St. (GP)
Hibbs, William G. (S).....Masonic Home (IM)
Jones, Charles A.....251 E. Jefferson St. (ANES)
Mock, Harry E., Jr.....901 N. Main St. (GS)
Palmer, Harley P...Johnson County Mem. Hosp. (PATH)
Province, William D.....100 N. Main St. (IM)
Records, Arthur W. (S).....216 Jefferson St. (GP)
Records, John M.....216 Jefferson St. (GP)
Reynolds, Paul.....1035 W. Jefferson St. (GP)
Ritteman, George W....Johnson Co. Memorial Hosp. (R)
Roller, Mac C.....1551 N. Main St. (GP)
Stogsdill, Willis W.....R. R. 4 (GP)
Walters, Jack L.....1551 N. Main St. (GP)
Waymire, William M.....101 N. Walnut St. (GP)
Wesemann, Merrill M.....251 E. Jefferson St. (GP)

Greenwood
(*Zip Code* 46142)

Barnes, Helen Beall.....360 S. Madison Ave. (PD)
Brown, George E.....374 S. Madison Ave. (GP)
Link, Charles W., Jr.....365 E. Main St. (GP)
Machledt, John H.....243 S. Madison Ave. (GP)
Ogle, Robert W.....360 S. Madison Ave. (GP)
Sheek, Kenneth I.....360 S. Madison Ave. (GP)
Tiley, George A.....41 N. Madison Ave. (GP)
Young, Joseph W.....365 E. Main St. (GP)

MacQuigg, David E.
Allison Div. of General Motors, Indianapolis (46204) (OM)
Bullington, George E.....Whiteland (46184) (GP)

KNOX COUNTY

Byrne, Robert J..207 N. Main St., Bicknell (47512) (GP)
Springstun, George H. (S).....Oaktown (47561) (GP)

Vincennes
(*Zip Code* 47591)

Anderson, John B.....30 N. Third St. (GS)
Anderson, Richard M.....30 N. Third St. (GS)
Arbogast, Paul B.....915 Main St. (GS)
Barrett, Thomas L.....307 S. Fifth St. (PD)
Bartlett, Donald T.....307 S. Fifth St. (OBG)
Beckes, Ellsworth W. (S).....220 N. Fifth St. (GP)
Black, Boyd K.....Good Samaritan Hospital (PATH)
Cantwell, Edgar R.....202 Broadway St. (OPH)
Chattin, Herbert O.....729 Main St. (GP)
Coffel, Melvin H.....214 Buntin St. (OTO)
Combs, Daniel J.....1325 McDowell Rd. (IM)
Curtner, Myron L. (S).....222 N. Sixth St. (GS)
Dayson, Louie O.....218 Security Bank Bldg. (IM)
Ewing, Nathaniel D.....719 Nicholas (GS)
Floyd, Malcolm S.....Good Samaritan Hospital (R)
Haswell, John.....607 Dubois St. (OBG)
Hendrix, Charles E.....P. O. Box 686 (IM)
Humphreys, Joe E.....1516 N. Second St. (GP)
Jacqmain, Ralph J.....621 S. Seventh St. (GP)
McDowell, Mordecai M.....1322 Audubon Rd. (IM)
McMahan, Virgil C.....609 Dubois St. (GP)
Miller, Charles L.....301 American Bank Bldg. (ANES)
Moore, Robert G. (S).....21 N. Third St. (R)
Murray, John S.....317 Security Bank Bldg. (IM)
Nichols, Robert J.....605 Busseron St. (R)
Parmenter, Harry B..301 American Bank Bldg. (ANES)
Shaffer, Kenneth L.....302 Main St. (OTO)
Shanklin, Jack L.....702 Vigo St. (GP)
Smith, Ralph O.....P. O. Box 686 (IM)
Spencer, Frederic.....902 Perry St. (OBG)
Stein, Richard H.....301 American Bank Bldg. (ANES)
Stewart, J. Frank W.....Hillcrest Hospital (PUD)
Vaughn, Walter R.....615 Dubois St. (U)
von der Lieth, William C.....14 N. Third St. (GS)
Welch, Norbert M.....615 Dubois St. (U)

KOSCIUSKO COUNTY

Wilson, Wymond B.....Mentone (46539) (GP)

Warsaw
(*Zip Code* 46580)

Arford, John E.....827 S. Union St. (GP)
Baum, John R. (S).....212 S. Indiana (GS)
DuBois, Charles C. (S).....800 E. Center St. (OO)
Fiscus, Clifford W.....827 S. Union St. (GP)
Hashemi, Hossein.....602 S. Buffalo (GS)
Haymond, George.....600 E. Winona Ave. (GS)
Keough, Thomas F.....600 E. Winona Ave. (IM)
Moser, Arthur L.....600 E. Winona Ave. (GP)
Parke, William C.....600 E. Winona Ave. (OBG)
Pullman, George R.....Murphy Medical Center (R)
Snider, Roland.....604 E. Winona Ave. (GP)
Solymos, Maria.....422 S. Buffalo (P)

LAGRANGE COUNTY

Mattox, Dean L.....Howe (46746) (GP)
Taylor, M. Reed, Jr.....Howe (46746) (GP)
Yunker, Philip E.....Howe (46746) (GP)

LaGrange
(*Zip Code* 46761)

Flannigan, Harley F.....213 W. Lafayette (GP)
Hamer, John.....300 N. Townline Rd. (GP)
Mellinger, Michael O.....Medical Bldg. (GP)
Studebaker, Lloyd R.....300 N. Townline Rd. (GP)

Martin, Allen S.....Shipshewana (46565) (GP)
Colligan, Francis X.....Topeka (46571) (GP)
Lehman, Kenneth M.....Topeka (46571) (GP)

LAKE COUNTY

Cedar Lake

(*Zip Code* 46303)

Babcoke, Gary A.....R. R. 2, Box 337 (GP)
King, Robert W.....R. R. 1, Box 6 (GP)
Miller, Donald C.....R. R. 2, Box 337 (GP)
Misch, William.....R. R. 2, Box 337 (GP)
Steward, Paul W.....R. R. 2, Box 337 (GP)

Lopez, Filemon P.....212 Joliet St., Dyer (46311) (GP)

East Chicago

(*Zip Code* 46312)

Barron, Elmer A.....3414 Michigan Ave. (GP)
Benchik, Frank A.....4712 Magoun Ave. (GP)
Beruben, Miguel F.....3717 Main St. (GP)
Boys, Fay F.....4712 Magoun Ave. (GS)
Braun, Benjamin D.....St. Catherine's Hospital (R)
Broomes, Edward L. C.....2402 Broadway (GP)
Bryant, Edward G.....2220 Broadway (GP)
Campagna, Ettor A.....3406 Guthrie St. (GP)
Dainko, Alfred J.....915 W. Chicago Ave. (GS)
Dimailig, Gregorio H.....1802 Columbus Dr. (GP)
Dizon, Gualberto R., Jr.....3406 Guthrie St. (GP)
Downs, Kenneth R.....3210 Watling St. (OM)
Dumanian, Ara V.....1820 E. Columbus Dr. (TS)
Dunning, Preston M.....3210 Watling (OM)
Feinberg, Irwin.....1802 E. Columbus Dr. (ORS)
Fleischer, Jacob C.....4035 Elm St. (GP)
Frahm, Charles.....4321 Fir St. (IM)
Given, Gilbert Z.....3926 Main St. (PD)
Govorchin, Alexander.....4614 Baring (GP)
Grosso, William G.....1919 E. Columbus Dr. (GP)
Hammer, Michael.....4035 Elm St. (OBG)
Harper, James W.....3847 Euclid (GP)
Hayes, Jesse D.....4804 Alexander (GP)
Hernandez, I. C.....1802 Columbus Dr. (GP)
Hooker, Rex R.....Inland Steel Corp. (OM)
Jacobo, Miguel J.....1419 Carroll St. (GP)
Kopanko, Bernard F.....915 W. Chicago Ave. (GS)
Marks, Ora L.....815 W. Chicago Ave. (OBG)
Martirez, Napoleon A.....4710 Indianapolis Blvd. (TS)
Milan, Shijachki D.....622 W. Chicago Ave. (GP)
Min, David.....815 W. Chicago Ave. (OBG)
Nicosia, John B.....1802 E. Columbus Dr. (GS)
Noe, Joseph T.....3210 Watling St. (GPM)
Payne, Arthur C. (S).....2020 Broadway (GP)
Reitman, Paul H.....4321 Fir St. (R)
Romero, Plinio.....3807 Main St. (GP)
Santschi, Don R.....4321 Fir St. (IM)
Serna, Carlos A.....1802 E. Columbus Dr. (IM)
Shulruff, Harry I.....3701 Main St. (OTO)
Strom, Jack.....1820 E. Columbus Dr. (ANES)
Teegarden, Joseph A., Jr...1919 E. Columbus Dr. (GP)
Teplinsky, Louis L.....1802 E. Columbus Dr. (ANES)
Wang, Tieh C.....4321 Fir St. (PATH)
Zivich, John M.....3701 Main St. (GP)

Gary

(*Zip Code* 464 *plus zone number*).

Abramson, Allan L.....3290 Grant St. (08) (GP)
Agana, Adriano A.....5000 W. Ridge Rd. (08) (GP)
Alfano, Paul A.....2717 Wabash (04) (GS)
Almquist, Carl O. (S).....550 Lincoln (02) (GS)
Ambrozaitis, Kazys.....1600 W. Sixth Ave. (02) (R)
Amico, Pasquale J.....6111 Harrison St. (08) (PUD)
Balter, Eugene.....1600 W. Sixth Ave. (02) (R)
Barros, Paul.....6111 Harrison St. (08) (OPH)
Barton, Reginald R.....427 S. Lake (03) (GP)
Bastug, Erol.....2444 W. 64th Pl. (10) (R)
Bergal, Milton B.....504 Broadway (02) (GP)
Bernard, Marvin R.....4431 Broadway (09) (NS)
Bills, R. James.....504 Broadway (02) (GS)
Bills, Robert N. (S).....504 Broadway (02) (GS)
Boone, Clarence W.....2200 Grant St. (04) (OBG)
Bornstein, Herschel.....3233 Broadway (09) (Resident)
Brandman, Harry.....504 Broadway (02) (P)
Brincko, John.....504 Broadway (02) (U)
Brown, Leo R.....3290 Grant St. (08) (GP)
Cabrera, Pelayo B.....540 Tyler St. (02) (PATH)
Cahue, Antonio R.....3290 Grant St. (08) (IM)
Carberry, George A.....3656 Grant St. (08) (OBG)
Carbone, Joseph A.....6111 Harrison St. (08) (PD)
Carey, J. Albert.....2964 W. 11th Ave. (04) (GP)
Carmody, Raymond F.....5284 Broadway (08) (OTO)
Chip, Jerald N.....6111 Harrison St. (08) (IM)
Choslovsky, Sydney.....1600 W. Sixth Ave. (02) (R)
Chube, David D.....1649 Broadway (07) (GP)
Cohen, Hyman.....1600 W. Sixth Ave. (02) (N)
Cooper, Leo K.....504 Broadway (02) (ORS)
Corrao, Gaetano.....2471 Colfax (06) (GP)
Daniel, Robert A.....738 Broadway (02) (PD)
Darling, Dorothy R.....807 Fayette (03) (ANES)
Davidson, Charles O.....2200 Grant (04) (OBG)
De Bois, Elon.....2200 Grant St. (04) (GP)
DeMelo, Luiz P.....6111 Harrison St. (08) (ORS)
Dierolf, Edward J.....504 Broadway (02) (GP)
Disney, Charles T.....504 Broadway (02) (GPM)
Donchess, Joseph C.....578 Broadway (02) (ORS)
Doneff, Ronald H.....5490 Broadway Plaza (08) (D)
Doumanian, Heratch O.....540 Tyler St. (02) (R)
Duncan, John S. (S).....2165 W. 11th Ave. (04) (GP)
English, Hubert M. (S).....673 Broadway (02) (GP)
Espy, Theodore R.....1901 Broadway (07) (GP)
Fadell, Matthew J.....6111 Harrison St. (08) (GP)
Gehring, Thomas A.....6111 Harrison St. (08) (GP)
Gilles, Pierre.....2200 Grant St. (04) (OTO)
Glover, William J.....6111 Harrison St. (08) (GS)
Goldberg, Harold B.....3656 Grant (08) (GP)
Golding, Robert F.....540 Tyler St. (02) (ANES)
Goldstone, Adolph.....3229 Broadway (09) (GP)
Goldstone, Arthur.....4676 Jefferson Pl. (08) (GP)
Goldstone, Joseph (S).....3229 Broadway (09) (GP)
Goldstone, Robert J.....3229 Broadway (09) (OBG)
Goldstone, Sidney R.....535 W. 35th Ave. (08) (GP)
Goodwin, Thomas..3820 Central, East Gary (05) (GP)
Grant, Benjamin F.....1706 Broadway (07) (GP)
Gregoline, Amadeo F.....700 Arthur (04) (GP)
Gregoline, Eugene.....4655 Broadway (09) (OBG)
Hadey, James H.....6111 Harrison St. (08) (OBG)
Haith, John W.....1960 W. 11th St. (04) (GS)
Han, Daniel.....1600 W. Sixth Ave. (02) (PATH)
Hedrick, James T.....2200 Grant St. (04) (GP)
Hoit, Leonard.....504 Broadway (02) (D)
Holliday, Alfonso.....2200 Grant St. (04) (GS)
Irish, Wilbur J.....358 Johnson St. (02) (GP)
Jahns, Albin A.....2318 W. Fifth St. (04) (ORS)
Johnson, Arnold L.....2200 Grant St. (04) (OBG)
Johnson, Lonnie B. (S).....123 W. 21st St. (07) (GP)
Kamen, Jack M.....540 Tyler St. (02) (ANES)
Kendrick, Frank J.....504 Broadway (02) (D)
Klaus, Julius M.....4645 Broadway (09) (P)
Kmak, Chester J.....6111 Harrison St. (08) (OBG)
Kobrin, Meyer W.....3229 Broadway (09) (GP)
Kolbas, Eugene.....6111 Harrison St. (08) (OBG)
Kolettis, John G.....6111 Harrison St. (08) (GP)
Kopcha, Joseph E.....504 Broadway (02) (OBG)
Korn, Jerome M.....3290 Grant St. (08) (GP)
Lebioda, Henry S.....5490 Broadway Plaza (08) (GP)
Lewis, Lucien A.....2200 Grant St. (04) (PD)
Lewis, William R.....4395 W. Fifth St. (06) (GP)
Lipschutz, Harold.....3290 Grant (08) (R)
Lipsey, Alfred J.....3290 Grant (08) (R)
Loh, Hwei-Ya (Chang)
252 Morningside Ave. (08) (PATH)
Loh, Wei-Ping.....1600 W. Sixth Ave. (02) (PATH)
Lopez, Santiago A.....4655 Broadway (09) (OBG)
Lorenty, Thaddeus B.....504 Broadway (02) (GP)
Lovell, Martin H. (S).....124 W. 25th Ave. (02) (GP)
Lutz, Georgianna (S).....504 Broadway (02) (GP)
Lytwakiwsky, Anatol..6101 Miller Ave. (03) (Resident)
McDonald, Walter E.....2200 Grant St. (04) (GS)
McMath, Samuel B.....1505 Taft St. (04) (GS)
Madrilejo, Nora G.....P.O. Box 9007 (01) (ANES)

Manalo, Francisco S.....538 Lincoln (02) (ANES)
Marcus, Morris C. (S).....3229 Broadway (09) (OTO)
Martino, Robert S.....5587 Broadway (09) (ORS)
Mason, Earl.....540 Tyler St. (02) (PATH)
Mather, J. Winford (S)
2250 Ripley St., East Gary (05) (GP)
Mayorga, Alfredo.....3807 Washington (08) (GP)
Milius, Elena.....1600 W. Sixth Ave. (02) (R)
Milos, Robert J.....504 Broadway (02) (TS)
Minczewski, Richard C.
5490 Broadway Plaza (08) (GP)
Mirro, John A.....6111 Harrison St. (08) (GP)
Mitchell, Georgia B.....1706 Broadway (07) (GP)
Molengraft, Cornelius J.....504 Broadway (02) (OBG)
Moore, Edwin G.....26 E. 15th Ave. (07) (GP)
Mott, William H.....2200 Grant St. (04) (ORS)
Nazon, Yvon J.....1649 Broadway (07) (OBG)
Nelson, Walfred A.....559 S. Lake St. (03) (GP)
Nowlin, William F.....570 McKinley (04) (GS)
Oberlander, Seymour.....3290 Grant St. (08) (IM)
Olivo, Marciano T.....1600 W. Sixth Ave. (02) (ANES)
Olson, Leslie D.....2318 W. Fifth Ave. (04) (ORS)
Ong, Tiong G.....6101 Miller Ave. (03) (GP)
Ornelas, Joseph P.....6111 Harrison St. (08) (GP)
Pappas, Eddie T.....2717 Wabash Ave. (04) (GP)
Parratt, Louis W.....708 Broadway (02) (GP)
Penn, Robert A.
3820 Central Ave., East Gary (05) (GP)
Pettis, Arthur G.....1600 W. Sixth Ave. (02) (ANES)
Phillips, Donald M.....5370 Connecticut (09) (GP)
Pierson, Howard.....6111 Harrison St. (08) (GP)
Platis, James M.....504 Broadway (02) (PS)
Pruitt, Jacob E.....6111 Harrison St. (08) (GP)
Radigan, Leo R.....6111 Harrison St. (08) (TS)
Reynolds, James S.....504 Broadway (02) (U)
Richter, Samuel.....504 Broadway (02) (U)
Robinson, Walter K.....500 N. Montgomery (03) (GS)
Roig, Jose H.....6111 Harrison St. (08) (OPH)
Rosenbloom, Philip J.....571 Lincoln St. (02) (PH)
Ross, David E., Jr.....633 E. 21st Ave. (07) (GP)
Roth, Leo.....3229 Broadway (09) (ORS)
Roth, Melvin I.....3229 Broadway (09) (GP)
Rubin, Simon S.....504 Broadway (02) (A)
Ryan, Hubert J. (S)....5490 Broadway Plaza (08) (PD)
Saavedra, Bernardo.....4431 Broadway (09) (NS)
Sablay, Nonito M.....718 Arthur St. (04) (ANES)
Sala, Joseph J.....2705 Wabash (04) (GS)
Sala, Walter R.....2705 Wabash (04) (GP)
Schulz, Kurt J.....4645 Broadway (09) (OPH)
Scully, John T.....6111 Harrison St. (08) (IM)
Shapiro, Joseph.....386 Mount St. (06) (GP)
Shapiro, Seymour W.....6111 Harrison St. (08) (GS)
Slama, George F.....6111 Harrison St. (08) (GP)
Slama, John T.....6111 Harrison St. (08) (GP)
Spellman, Frank W.....401 S. Lake (03) (GP)
Spivack, Mary.....504 Broadway (02) (OBG)
Stern, Mona K.....7535 E. Harold St. (03) (GP)
Thomas, Daniel D.....3290 Grant St. (08) (GP)
Thomas, Gerald J.....3290 Grant St. (08) (GS)
Turgi, Robert W.....6111 Harrison St. (08) (OTO)
Valencia, Monico
2606 Central Ave., East Gary (05) (GP)
Valenzuela, Roberto D.....765 Broadway (02) (PUD)
Valenzuela, Sofia S.....765 Broadway (02) (PD)
Volan, George J.....2717 Wabash Ave. (04) (GS)
Voorhies, McKinley...1940 Massachusetts St. (07) (GP)
Weiskopf, Henry S.....504 Broadway (02) (OPH)
Wharton, Russell O. (S)....6559 Ash Place (03) (OO)
Wigutow, Marcus.....475 Broadway (02) (P)
Williams, Alexander S.....436 W. 25th Ave. (07) (GP)
Williams, Carl N.....1902 W. 11th Ave. (04) (GP)
Williams, Edwin D.....436 W. 25th St. (07) (GP)
Wolf, Robert A.....535 W. 35th Ave. (08) (GP)
Yast, Charles J.....6111 Harrison St. (08) (OTO)
Yocum, Paul S., Jr.....504 Broadway (02) (OPH)
Yocum, William S.....9 W. Sixth Ave. (02) (GP)
Young, George M.....4580 Washington St. (08) (GP)
Young, Robert L.....504 Broadway (02) (OPH)
Zucker, Edward.....504 Broadway (02) (PS)

Griffith

(*Zip Code* 46319)

Cespedes, Carlos A.....401 N. Broad St. (GP)
Lundeberg, Ralph A.....1212 N. Broad St. (GP)
Modjeski, Joseph R.....1707 N. Arbogast, Apt. 1F (GP)
Purcell, Richard J.....433 N. Glenwood Dr. (GP)
Siekierski, Joseph M.....145 N. Griffith (GP)

Hammond

(*Zip Code* 463 *plus zone number*).

Balaguer, Carmen V.....20 Kenwood St. (24) (ANES)
Bethea, Dennis A. (S).....1021 Field St. (20) (GP)
Brennan, Bess B.....2450 169th St. (23) (D)
Cotter, Edward R.....2415 169th St. (24) (GP)
Dizon, Belen R.....30 Douglas St. (20) (ANES)
Dragomer, Andrei S.....2450 169th St. (23) (GP)
Eggers, Ernest L. (S).....635 165th St. (24) (GP)
Egnatz, Nicholas....7330 Indianapolis Blvd. (24) (GS)
Farinas, Cirilo.....25 Douglas St. (20) (PATH)
Ferry, John L.....2450 169th St. (23) (IM)
Fischer, Burnell.....49 Indi-Illi Park (24) (ANES)
Friedman, Isadore E. 7217 Indianapolis Blvd. (24) (OTO)
Jones, Eli S. (S).....50 Kenwood St. (24) (GS)
Kaufman, Alan J.....30 Douglas St. (20) (NS)
Keskin, Ibrahim.....5217 Hohman Ave. (20) (ANES)
Kolanko, Leon A.....30 Douglas St. (20) (GP)
Koransky, David S.....6850 Hohman Ave. (24) (OPH)
LaFollette, Forrest R.....2450 169th St. (23) (GP)
Levin, Harvey J.....2450 169th St. (23) (GS)
McVey, Clarence A. (S)
5231 Hohman Ave. (20) (GP)
Manley, Floyd.....6010 Columbia Ave. (20) (GP)
Marks, Salvo P.....6860 Hohman Ave. (24) (OPH)
Marquinez, Adoracion A.5217 Hohman Ave. (20) (ANES)
Mason, Richard L.....132 Rimbach St. (20) (R)
Medina, Herbert M.....2450 169th St. (23) (GP)
Montes, Herminio Y...5217 Hohman Ave. (20) (ANES)
Nunez, Gilbert T.....8332 Kennedy Ave. (23) (GP)
Palmer, Barron M. F.....6314 Columbia (20) (GP)
Peck, Edward A.....430 Conkey St. (24) (GP)
Peiffer, Geraldine M.St. Margaret Hospital (20) (ANES)
Pilot, Jean.....5231 Hohman Ave. (20) (PATH)
Polite, Nicholas L...7127 Indianapolis Blvd. (24) (OBG)
Premuda, Franklin F.....7042 Woodmar Ave. (23) (PD)
Ramker, Daniel T.....7040 Kennedy Ave. (23) (GP)
Reed, Ronald R.....2450 169th St. (23) (IM)
Rhind, Alexander W. (S)....422 Conkey St. (24) (GP)
Rosenthal, Carl.....St. Margaret Hospital (20) (R)
Schwartz, Mary M.....7315 Forest Ave. (24) (ANES)
Solis, Roger V.....430 Conkey St. (24) (OBG)
Stasick, Murray.....7330 Indianapolis Blvd. (24) (GP)
Steen, Lowell H.....2450 169th St. (23) (IM)
Stern, Samuel L.....5231 Hohman Ave. (20) (IM)
Tanrikulu, Oran.....2450 169th St. (23) (PD)
Tilka, Edward C.....7134 Calumet Ave. (24) (GP)
Troy, Jack M.....2450 169th St. (23) (PD)
Tyrrell, Thomas C.....25 Douglas St. (20) (GS)
White, Gilbert H., Jr.....6429 Kennedy Ave. (23) (GP)
Willardo, Albert T.....30 Douglas St. (20) (GP)
Wong, Samuel N.....30 Douglas St. (20) (GS)
Zallen, Stanley G.....6933 Kennedy Ave. (23) (GP)

Highland

(*Zip Code* 46322)

Angel, Virgil E.....2933 Jewett (GP)
Eugenides, Tatiana.....8136 Kennedy (PD)
Florcruz, Arturo R.....3605 43rd St. (GP)
Gonzales, Sesinando A.....2513 Highway Ave. (OBG)
Lutz, Andreas L.....8136 Kennedy Ave. (OBG)
Santiago, Iluminada.....8127 Kennedy (GP)
Sroka, Stanley J.....2942 Highway Ave. (GP)
Trepagnier, Francis B.....8123 Kennedy Ave. (OTO)
Urbanski, Walter P.....2513 Highway Ave. (OBG)
Vergara, Abelardo F.....3727 44th St. (OM)
Walker, Adolph P.....2805 Highway Ave. (ANES)

Hobart

(*Zip Code* 46342)

Carter, John O.....295 S. Wisconsin (GP)
Kellar, Philip E.....904 W. Ridge Rd. (GP)
Krsek, Archie J.....10 N. Michigan Ave. (GP)
Markle, Joseph G.....703 N. Hobart Rd. (GP)
Parker, Harry C. (S).....831 Garfield St. (OTO)
Pike, Warren H.....108 E. Third St. (GP)
Reed, John J.....10 N. Michigan Ave. (IM)
Stookey, Richard D.....295 S. Wisconsin (GP)
Wylie, Robert R.....904 W. Ridge Rd. (GP)

Kroczek, Stephen E.
449 Eastern, Indianapolis (46201) (Resident)

Lowell

(*Zip Code* 46356)

Smith, Robert D.....308 E. Commercial (GP)
Templin, David B.....308 E. Commercial (GP)

Merrillville

(*Zip Code* 46410)

Alvarez, Paul.....7745 Carolina Pl. (GP)
Beckman, Arthur.....12110 Grant St. (GP)
Birdzell, John P.....124 N. Main St. (GP)
Carpenter, Bennie F.....123 N. Court St. (GP)
Carroll, Mary E.....124 N. Main St. (GP)
Doherty, Raymond J.....47 W. 68th Place (GP)
DuSold, Donald D.....R. R. 1, Box 122 (P)
Fadul, Armand.....47 W. 68th Pl. (IM)
Gutierrez, Peter E.....12110 Grant St. (GP)
Hansen, Nikolas F.....12110 Grant St. (GP)
Horst, William N.....123 N. Court St. (GP)
Mirich, Ernest C.....960 W. 66th Ave. (IM)
Monroe, F. Bruce.....40 West 73rd St. (GS)
Poracky, Bernard F.....5598 Van Buren St. (R)
Russo, Andrew E.....12110 Grant St. (GP)
Steele, Everett B.....318 S. East St. (GP)
Wilson, Norman J.....James Parramore Hospital (TS)

Schmitt, Robert J.
100 Gardena St., Michigan City (46360) (P)

Munster

(*Zip Code* 46321)

Adler, Fred.....509 Ridge Rd. (IM)
Ahn, Kyung J.....1328 Fischer (GS)
Allegretti, Michael L.....7905 Calumet Ave. (GP)
Alt, Edward M., Jr.....7550 Hohman Ave. (GP)
Angulo, Edilberto D.....110 Ridge Rd. (PD)
Arbeiter, Herbert I.....7550 Hohman Ave. (PD)
Arrowsmith, James L.....513 Ridge Rd. (U)
Auburn, Richard P.....7905 Calumet Ave. (GS)
Beconovich, Robert.....7905 Calumet Ave. (GP)
Bleza, Maximo.....7905 Calumet Ave. (GP)
Bombar, Leslie E.....7905 Calumet Ave. (GP)
Branco, Arthur M.....7905 Calumet Ave. (GS)
Brenner, Howard B.....7905 Calumet Ave. (OBG)
Broderdsen, James D.....7936 Monroe (OPH)
Chael, Thomas C.....7905 Calumet Ave. (GP)
Church, Robert A.....110 Ridge Rd. (GP)
Costello, Albert J.....110 Ridge Rd. (OBG)
de la Cotera, Frederick G.....7905 Calumet Ave. (U)
DePorter, Louis A.....7905 Calumet Ave. (GP)
Eggers, Henry W.....110 Ridge Rd. (OBG)
Espino, Jose C.....8144 Calumet Ave. (GS)
Estacio, Romeo Y.....7905 Calumet Ave. (GP)
Feldner, Ronald P.....110 Ridge Rd. (GP)
Fetrow, Kenneth O.....7905 Calumet Ave. (ORS)
Fitzpatrick, William J.....110 Ridge Rd. (GS)
Fox, Jack M.....7550 Hohman Ave. (D)
Frieske, David A.....7905 Calumet Ave. (P)
Galante, Albert.....110 Ridge Rd. (OBG)
Galante, Gloria.....1329 Vivian Ln. (P)
Gevirtz, Milton B. (S).....7905 Calumet Ave. (GP)
Giragos, Henry G.....1826 Camellia Dr. (TS)
Goldenberg, Mitchell E.....7550 Hohman Ave. (PS)
Gordon, Mark.....7905 Calumet Ave. (D)
Grabow, Emil F.....7905 Calumet Ave. (OPH)
Grayson, Fred E.....513 Ridge Rd. (U)
Gross, Joseph O.....7905 Calumet Ave. (PD)
Halum, Ramon G., Jr.....7905 Calumet Ave. (U)
Hammond, Stanley.....7905 Calumet Ave. (P)
Harvey, David M.....7905 Calumet Ave. (ORS)
Hehemann, William V.....7905 Calumet Ave. (GP)
Helms, Charles E.....110 Ridge Rd. (GS)
Hieber, Frank R.....7905 Calumet Ave. (IM)
Hirsch, Melvin L.....1111 MacArthur Blvd. (IM)
Howard, Wm. Harry (S).....8417 Parkview (OBG)
Husted, Robert G.....7905 Calumet Ave. (GP)
Indovina, Vincent A.....7905 Calumet Ave. (R)
Kelly, George G.....7905 Calumet Ave. (GS)
Kenney, Francis D.....110 Ridge Rd. (GS)
Kitt, Walter.....7550 Hohman Ave. (P)
Kotas, Walter S.....1408 Ridge Rd. (OM)
Kott, Alexander.....7550 Hohman Ave. (R)
Kuhn, Arthur J.....7905 Calumet Ave. (OTO)
Kuhn, Hedwig S. (S).....7905 Calumet Ave. (OPH)
Lanman, John U.....8146 Calumet Ave. (IM)
Larrabee, James F.....7905 Calumet Ave. (R)
Lautz, Herbert A.....7905 Calumet Ave. (OTO)
Long, Keith J.....1327 Ridgeway (GP)
Madlang, Rodolfo M.....7550 Hohman Ave. (U)
Madrilejo, Roberto B.....7905 Calumet Ave. (OM)
Mansueto, Mario D.....509 Ridge Rd. (OTO)
Maroc, James A.....110 Ridge Rd. (GP)
Marshall, Wilbur J.....7905 Calumet Ave. (OBG)
Mason, John C.....7905 Calumet Ave. (GP)
Medina, Angelina V.....8217 Madison Ave. (GP)
Mintz, Alfred M.....7550 Hohman Ave. (ORS)
Morris, William H.....7905 Calumet Ave. (PD)
Navarre, Vincent J.....509 Ridge Rd. (IM)
Neal, Leonard W.....7905 Calumet Ave. (GP)
Pamintuan, Florino G.....7905 Calumet Ave. (IM)
Paul, Eudell G.....7550 Hohman Ave. (GS)
Polydefkis, Dimitri.....509 Ridge Rd. (P)
Portney, Fred R.....7905 Calumet Ave. (U)
Rasch, George C., Jr.....1519 35th St. (GS)
Rawlins, Carolyn M.....7550 Hohman Ave. (OBG)
Remich, Antone C.....7905 Calumet Ave. (GS)
Rendel, Donald T.....513 Ridge Rd. (PD)
Repay, Walter A.....513 Ridge Rd. (GP)
Rosevear, Henry J.....110 Ridge Rd. (GS)
Rubright, Robert L.....7905 Calumet Ave. (GP)
Santare, Vincent J.....513 Ridge Rd. (U)
Schlesinger, Daniel J.....7905 Calumet Ave. (GS)
Schwartz, Jack.....7550 Hohman Ave. (OBG)
Serrano, Jose F.....7905 Calumet Ave. (GS)
Smith, Jerald E.....7905 Calumet Ave. (GP)
Smitley, Roger P.....110 Ridge Rd. (IM)
Stevens, Edwin W.....7905 Calumet Ave. (IM)
Trachtenberg, Lee.....513 Ridge Rd. (OPH)
Valderrama, Hugo.....1325 MacArthur (PATH)
Vandertoll, Donald.....509 Ridge Rd. (GS)
Westhaysen, Peter V.....7550 Hohman Ave. (NS)
Wooden, Thomas F.....8354 Parkview (ANES)

Angeles, Uldarico A...Box 910, Portage (46368) (ANES)
Egnatz, Charles D.
Rts. 41 and 30, Schererville (46375) (GP)
Riordan, John F.
Porter Memorial Hospital, Valparaiso (46383) (ANES)
Shevick, Alexander
8 Garfield Ave., Valparaiso (46383) (OBG)

Whiting

(*Zip Code* 46394)

Becker, Samuel W.....2075 Indianapolis Blvd. (D)
Best, Robert C.....2075 Indianapolis Blvd. (GP)
Brennan, William C.....2075 Indianapolis Blvd. (GS)
Frankowski, Clementine E...1907 New York Ave. (GP)
Greisen, Jack G.....2075 Indianapolis Blvd. (GP)
Gustaitis, John W.....2075 Indianapolis Blvd. (GP)
Kudele, Louis T.....1321 119th St. (ANES)
Reeve, Bryce L.....2815 Indianapolis Blvd. (IM)
Rudser, Donald H.....2075 Indianapolis Blvd. (GP)

Siler, George B.....2815 Indianapolis Blvd. (OM)
Silvian, Harry A.....1010 119th St. (GP)
Sokol, Allen B.....2075 Indianapolis Blvd. (PD)
Stecy, Peter.....1902 Indianapolis Blvd. (GP)
Weinberg, Benjamin A.....1104 119th St. (GP)

Bakos, Edward R.....2300 N. Edward St., Decatur, Ill. (62526) (P)
Behn, Walter M. (S)
1327 College Ave., Wheaton, Ill. (60187) (GP)
Brand, Anna
656 Wentworth, Calumet City, Ill. (60409) (GP)
Brasovan, Srbislav.....Beach Army Hosp., Mineral Wells, Texas (76067) (Military)
Dimitroff, Lambro.....500 River Oaks Dr., Calumet City, Ill. (60409) (GP)
Espindola, Emilio N.
1926 W. Harrison St., Chicago, Ill. (60612) (Resident)
Gardiner, H. Glenn.....P. O. Box 21111, Kennedy Space Center, Fla. (32815) (OM)
Hayes, Frank W.....2426 Harbor Court, Fairfield, Calif. (94533) (P)
Johns, David R. (S).....2080 Lopiere Rd., Beloit, Wis. (53511) (OO)
Khaton, Odessa M.
Michael Reese Hosp., Chicago, Ill. (60616) (Resident)
Lee, Byung H.
100 E. Jeffrey, Kankakee, Ill. (60901) (IM)
Loftman, Bert A.....2476B Mann Rd., Ft. Lewis, Wash. (98433) (Military)
Moleski, Walter L.....Hq. B, 6/33 Arty., 108th Group, APO San Francisco, Calif. (96269) (Military)
Murphy, Joseph F.....3335 178th St. Lansing, Ill. (60438) (GP)
Seyler, Anna G. (S)
2780 Hillcrest Dr., LaVerne, Calif. (91750) (OO)
Smith, Theodore J.
1819 Mid Ocean Circle, Sarasota Fla. (33580) (OO)
Speer, Thomas A.....500 W. Madison St., Chicago, Ill. (60606) (OM)
Theobald, Sterling.....New Tribes Institute, Star Route, Jersey Shore, Pa. (17740) (GP)
Toussaint, Linnie F.....9124 S. Bennett Ave., Chicago, Ill. (60617) (ANES)
Tyrrell, Joseph J.....800 State Line, Calumet City, Ill. (60409) (GS)
Yanson, Mannfredo R. S.
P. O. Box 2024, Oxnard, Calif. (93031) (Resident)

LA PORTE COUNTY

Salsburg, Herbert E.....R. R. 1, Box 357, Hamlet (46532) (P)
Oak, David D., Jr.....Hanna (46340) (GP)
Oak, David D., Sr. (S).....LaCrosse (46348) (GP)

La Porte

(*Zip Code* 46350)

Backer, George P.....806 Maple Ave. (R)
Backer, Mary B.....903 Indiana Ave. (IM)
Carpentier, James R.....900 I St. (IM)
Carter, Fred S.....1200 Michigan Ave. (IM)
Datzman, Basil J.....301 Wile St. (GP)
Durham, Lowell J.....316 Pine Lake Ave. (GP)
Elshout, Clem H...403 First Nat'l. Bank Bldg. (ANES)
Erwin, W. Robert.....900 I St. (GP)
Farnsworth, Samuel A.....1012 Michigan Ave. (GP)
Feinn, Harry S.....1013 Indiana Ave. (OTO)
Kelsey, Robert M., Jr.....1200 Michigan Ave. (GP)
Kim, Joon S.....Community Hospital (PATH)
Larson, Goyt O.....1110 Indiana Ave. (GP)
Mead, Frank E.....901 Indiana Ave. (GP)
Moore, William G.....301 Wile St. (GS)
Mueller, Edwin C.....900 I St. (GS)
Philbrook, Seth S.....705 Harrison St. (OPH)
Predd, Adolph C.....909 Madison St. (GP)
Richter, John C.....900 I St. (GS)
Sanchez, Jose D.....2424 Monroe (ANES)
Scott, John S.....806 Maple Ave. (R)
Sirugo, Aldo C.....1200 Michigan Ave. (OTO)
Smith, John A.....301 Wile St. (GP)
Sprecher, James J. J.....900 I St. (GP)
Tabaka, Francis B.....102 Lincolnway (GS)
von Asch, George.....1200 Michigan Ave. (GP)
Zahrt, Frank H.....Fox Village Medical Bldg. (GP)

Michigan City

(*Zip Code* 46360)

Armstrong, Thomas D.....120 W. Ninth St. (GS)
Arney, Amos.....1225 E. Coolspring Ave. (GP)
Baker, Warren (S).....427 Warren Bldg. (OPH)
Bankoff, Milton L.....1225 E. Coolspring Ave. (GP)
Battle, Frederick G.....3714 Franklin St. (GS)
Bergan, Joseph A.....217 W. Homer St. (GS)
Berkson, Myron E.....723 Franklin, Room 201 (P)
Fargher, Francis M.....907 Washington St. (GP)
Frost, Robert J.....1701 Buffalo St. (PATH)
Gardner, Melvin D.....801 Washington St. (GS)
Gardner, Russell A.....801 Washington St. (OBG)
Gilmore, Robert W.....1715 Buffalo St. (PD)
Gilmore, Russell A. (S).....304 Warren Bldg. (GP)
Hay, Gene R.....1225 E. Coolspring Ave. (IM)
Henderson, Norman C.....131 E. Eighth St. (OTO)
Hill, Theodore A.....1606 Lake Shore Dr. (P)
Hillenbrand, Charles.....128 W. 10th St. (P)
Hodonos, Phillip E.....1225 E. Coolspring Ave. (GP)
Jones, King S. (S).....328½ Franklin St. (GP)
Kemp, John T.....122 E. Seventh St. (GP)
Kerr, Charlotte H.....1707 Buffalo St. (OBG)
Kerr, John E.....1709 Buffalo St. (U)
Kerrigan, John F.....916 Washington St. (GS)
Kerrigan, Robert L. (S).....916 Washington St. (GP)
Kubik, Francis J.....902 Pine St. (GS)
Liddell, Charles K.....1225 E. Coolspring Ave. (GS)
Luce, John W.....916 Washington St. (OBG)
Mannion, Rodney A.....1709 Buffalo St. (U)
Marske, Robert L.....1713 Buffalo St. (PD)
McGue, Frank J.....723 Franklin St. (GP)
McInerney, Gerald T.....3714 S. Franklin St. (IM)
Meyer, Hans.....101 Superior St. (P)
Miller, Maurice.....1225 E. Coolspring Ave. (GP)
Milne, Walter S.....916 Washington St. (IM)
Mladick, Edward A.....1412 Franklin St. (ORS)
Novak, Clarence G.....3714 S. Franklin St. (GS)
O'Brien, Raymond J.....1412 Franklin St. (ORS)
Paul, Leonard G.....1225 E. Coolspring Ave. (GP)
Perez, Cesar R.....P. O. Box 39 (ANES)
Perez, Hilda A.....P. O. Box 39 (ANES)
Phillips, John H.....801 E. 11th St. (GP)
Pilecki, Peter J.....1225 E. Coolspring Ave. (GP)
Plank, C. Robert.....1511 Wabash Ave. (R)
Reed, Nelle C. (S).....3210 Tilden Ave. (OO)
Stark, William A.....1412 Franklin St. (ORS)
Ticsay, Bienvenido V.....801 Washington St. (U)
Walters, William H.....3714 Franklin St. (GS)
Weeks, Patrick H. (S).....305 N. Carroll Ave. (P)
Weiss, Albert E.....1225 E. Coolspring Ave. (GP)
Zalac, Donald A.....732 Pine St. (R)

Weinstock, Adolph.....Rolling Prairie (46371) (GP)
Moosey, Louis.....Union Mills (46382) (GP)
Benz, Owen F.....Wanatah (46390) (GP)

Westville

(*Zip Code* 46391)

Bosler, Howard A. (S).....Beatty Circle (GP)
Brauer, Abraham A.....Beatty Memorial Hospital (GP)

Dieter, William J. (S).....Box 145 (NS)
Hetman, Mitchell J.....Westville (GP)
Hogle, Frank D.....Beatty Memorial Hospital (P)
Mendez, Carlos (S)....Beatty Memorial Hospital (GP)
Oster, Jack H.....Beatty Memorial Hospital (P)

LAWRENCE COUNTY

Bedford

(*Zip Code* 47421)

Austin, Richard P.....Citizens Nat'l. Bank Bldg. (GP)
Benham, Lawrence E....310 Stone City Bank Bldg. (GP)
Crosby, Reid C.....2900 W. 16th St. (OBG)
Duncan, Raymond.....2900 W. 16th St. (GP)
Dusard, Joseph C...304 Citizens Nat'l Bank Bldg. (GP)
Edmonds, Kendrick.....Dunn Memorial Hospital (R)
Emery, Charles B.....2325 Q St. (GP)
Fountaine, Thomas J.....1618 24th St. (GP)
Gonzales, Raul C.....2900 W. 16th St. (R)
Hammel, Howard T.....Citizens Nat'l. Bank Bldg. (GP)
Hawkins, Richard D.....2900 W. 16th St. (PD)
Kasting, Gerald.....1622 24th St. (GP)
Kerr, Donald M.....2900 W. 16th St. (GP)
McPike, Joseph D.....1103 Lincoln Ave. (GP)
Morrow, Robert J.....1317 L St. (GP)
Mount, James L.....2900 W. 16th St. (OBG)
Noe, William R.....2900 W. 16th St. (GS)
Reuter, John W.....U. S. Highway 50 E, R. R. 6 (OPH)
Scherschel, John P.....1711 H St. (GP)
Shortridge, Donald R.....R. R. 5, Brook Knoll (GP)
Sorrells, George W.....2900 W. 16th St. (PD)
Waldo, Guy H.....2900 W. 16th St. (IM)
Wohlfeld, Julius B.....1222 15th St. (GP)
Woolery, Richard H.....1310 W. 16th St. (GP)

Hamilton, James R. (S)
111 S. Seventh St., Mitchell (47446) (GP)
Oswalt, James T.....Mitchell (47446) (GP)

MADISON COUNTY

Alexandria

(*Zip Code* 46001)

Gaunt, Everett W.....214 E. John St. (GP)
Leroy, Alvin G.....1309 N. Harrison St. (GP)
Overpeck, George H. (S).....313 N. Harrison St. (GP)
Owen, Thomas F.....313 N. Harrison St. (GP)
Shafer, Richard H.....111 S. Harrison St. (GP)

Anderson

(*Zip Code* 460 *plus zone number.*)

Aagesen, Walter J.....1931 Brown St. (14) (OTO)
Abell, William A.....1308 E. Fifth St. (12) (P)
Allen, Lawrence E...610 Citizens Bank Bldg. (16) (U)
Armington, Charles L.
655 Anderson Bank Bldg. (16) (GP)
Austin, Charles E.....1415 Raible St. (11) (GP)
Baughn, William L.....Guide Lamp (OM)
Beeler, Franklin K.....1931 Brown St. (14) (GP)
Begley, Robert W.....1912 S. Jackson (14) (GP)
Bixler, Donald P.....1931 Brown St. (14) (OPH)
Blassaras, Crist A.....2005 Broadway (12) (GP)
Bowers, Charles R.....2009 Brown St. (14) (GS)
Bridges, Alvin L.....1302 Madison Ave. (11) (GP)
Buckles, David L.....St. John's Hospital (14) (PATH)
Bush, Edward R.....714 E. Eighth St. (12) (GP)
Campbell, Frank.....1302 Madison Ave. (11) (GP)
Caudill, Rodney C.....227 W. 11th St. (16) (P)
Denny, Melvin H...1207 Van Buskirk Rd. (11) (ANES)
Dixon, Rex W.....1415 Raible (11) (GP)
Doenges, James L.....1931 Brown St. (14) (GS)
Donaldson, Frank C.....1931 Brown St. (14) (OBG)
Drake, James R.....2304 Meridian St. (14) (GP)
Drake, John C.....604 Anderson Bank Bldg. (16) (GS)
Drennen, Robert V...1230 E. Chesterfield Dr. (12) (GP)
Dulin, Basil B.....St. John's Hospital (14) (R)
Elsten, Aubrey W.....1307 Park Rd. (11) (GP)
Faust, Howard M., Jr.
1508 N. Madison Ave. (12) (GP)
Ferguson, Donald H.....2009 Brown St. (14) (IM)
Fischer, Warren E.....St. John's Hospital (14) (R)
Gahimer, Joe E.....215 W. 19th St. (14) (IM)
Gholz, Lawrence M.....Delco Remy Div. (11) (OM)
Hart, William D...1308 W. Eighth St., Apt. A (11) (GP)
Hensler, Benton M.....1415 Raible (11) (GP)
Jarrett, Paul E.....1415 Raible (11) (OBG)
Jones, David G.....1504 N. Madison Ave. (12) (GP)
Jones, Horace E.....926 W. Vineyard (12) (GP)
Kelly, Wendell C.....714 E. Eighth St. (12) (GP)
Kepner, Robert S.....1001 Northwood Dr. (11) (GP)
Kiely, John T.....1931 Brown St. (14) (GP)
King, Charles R.....1415 Raible St. (11) (GP)
Kopp, William R.....333 Jackson St. (12) (GS)
Lamey, Paul T.....423 Citizens Bank Bldg. (16) (GS)
Land, Richard N.....2009 Brown St. (14) (R)
Larmore, Joseph L. 612 Anderson Bank Bldg. (16) (OTO)
Long, Paul L.....710 Anderson Bank Bldg. (16) (GP)
McDonald, Virgil G (S)..1019 Delaware St. (16) (OO)
Meister, Doris (S).....315 W. Ninth St. (16) (GP)
Miethke, Richard P.....Delco Remy Div. (11) (OM)
Moneyhun, James E.....2009 Brown St. (14) (GP)
Morris, Robert A.....1309 Park Rd. (11) (PD)
Neale, Alfred E.....1931 Brown St. (14) (OBG)
Nesbit, Leonard L. (S)
415 Citizens Bank Bldg. (16) (OTO)
Patterson, William K.....8 S. Park Dr. (11) (ANES)
Polhemus, Warren C.....1803 Pearl St. (16) (GP)
Price, Ambrose M...621 Citizens Bank Bldg. (16) (GP)
Reed, Roger R.....1601 Van Buskirk Rd. (11) (GS)
Rosenbaum, Lloyd E.
647 Citizens Bank Bldg. (16) (IM)
Ross, Guy E.....1931 Brown St. (14) (PD)
Sharp, William L....559 Citizens Bank Bldg. (16) (P)
Sheldon, Suel A.....508 Anderson Bank Bldg. (16) (D)
Stamper, Joseph H.....1415 Raible (11) (ANES)
Stamper, Robert J.....1415 Raible (11) (GP)
Starks, William O.....3405 Nichol Ave. (11) (ORS)
Stevenson, Jerry L.....St. John's Hospital (14) (PATH)
Stinson, William M.....333 Jackson St. (12) (GP)
Szumilas, Peter P.....2009 Brown St. (14) (OBG)
Taylor, James A.....Delco Remy Div. (11) (OM)
Tierney, William J.
702 Anderson Bank Bldg. (16) (GS)
Wagoner, John R.....215 W. 19th St. (16) (U)
Webb, Harry D.....515 Citizens Bank Bldg. (16) (GP)
Weiss, Louis L.....1225 N. Madison (11) (ANES)
Whitaker, Jack D.....Community Hospital (11) (PATH)
Wilder, Gordon B. (S)....338 W. Eighth St. (16) (IM)
Wilkinson, Roger L.....552 W. Eighth St. (16) (GP)
Williams, Francis M.....1132 Central Ave. (16) (IM)
Williams, Robert D.....2009 Brown St. (14) (GP)
Williams, Robert H.....2009 Brown St. (14) (GS)
Woodbury, Clarence R.....3405 Nichol Ave. (11) (ORS)
Wright, Cecil S. (S)....207 Beverly Terrace (11) (R)

Elwood

(*Zip Code* 46036)

Buechler, William F.....1817 S. A. St. (GP)
Drake, Marion C.....1201 Main St. (GP)
Fitzpatrick, Harry W. (S)..1309 S. Anderson St. (GP)
Hanson, Martin F.....100 N. First St. (GP)
Laudeman, Walter A.....1515 N. A St. (GP)
Oldag, George E.....1301 Main St. (GS)
Ploughe, Ralph R.....517 S. Anderson St. (GP)
Scea, Wallace A.....1601 S. Anderson St. (GP)

Gray, William J.....Chesterfield (46017) (GP)
Austin, Maynard A. (S)
3900 Washington Ave., Evansville (47715) (OO)
Ferrell, Mars B.....Fortville (46040) (GP)
Bishop, Harry A.....Frankton (46044) (GP)
Ridgway, Alton H.....Lapel (46051) (GP)
Rinne, John I. (S).....Lapel (46051) (GP)
Doles, Ted S.....Middletown (47356) (GP)
Foley, Phillip D.....Middletown (47356) (GP)

Reynolds, Ralph E.....Middletown (47356) (GP)
Benedict, Harold G.
222 W. State St., Pendleton (46064) (GP)
Leahy, Howard J.
102 S. Main St., Pendleton (46064) (GP)
Heckaman, Edward L.
Richmond State Hospital, Richmond (47374) (GP)
Van Ness, William C.....Summitville (46070) (GP)

Ellis, Seth W. (S)
740 Northland Rd., Apt. F, Cincinnati, Ohio (45240) (OO)
Litzenberger, Sam W.
316 Leigh Rd., Jupiter, Fla. (33458) (U)

MARION COUNTY

Beech Grove

(*Zip Code* 46107)

Christie, Marvin C.....3655 S. Sherman Dr. (GP)
Cockrell, D. Kete.....3655 S. Sherman Dr. (GP)
Dill, Charles W.....3655 S. Sherman Dr. (GP)
Fortuna, Frank W.....1615 Main St. (GP)
Graber, Martin J., Jr.....101 N. 17th St. (GP)
Kim, Young D. (S).....136 N. 17th St. (GP)
Madden, Robert J.....St. Francis Hospital (ANES)
Riley, Paul D.....622 S. Fourth Ave. (PD)
Sheehan, Francis G.....St. Francis Hospital (GP)
Tepfer, Milton.....St. Francis Hospital (ANES)
Zerfas, Charles P. A.....926 Main St. (GP)

Steury, Ernest M.....266 Clark St., Berne (46711) (GP)
Cron, William J.
200 Twin Springs Ct., Carmel (46032) (GP)
Freeman, Max E...89 First Ave., Carmel (46032) (OBG)
Hasewinkel, Carroll W.
R. R. 2, Box 354, Carmel (46032) (ANES)
Nolan, Robert B.....203 Main St., Carmel (46032) (PD)
Allen, Donald R...640 Adams, Evansville (47713) (IM)
Harris, Paul N.
Eli Lilly & Co., Toxicology Bldg., Greenfield (46140) (PATH)
Pierce, Emmett C., Jr.
Eli Lilly & Co., Box 708, Greenfield (46140) (PATH)
Brown, Earl E..100 N. Madison, Greenwood (46140) (GP)
Cohn, Alvin F.....R. R. 5, Box 548, Greenwood (46142) (ANES)
DeMotte, C. Bowen (S)
P. O. Box 44, Greenwood (46142) (GP)
Onyett, Harold R.
P. O. Box 358, Greenwood (46142) (GP)

Indianapolis

(*Zip Code* 462 *plus zone number.*)

A

Addleman, Robert H....5540 Woodside Dr. (08) (ANES)
Adkins, Harold C.....409 E. 30th St. (05) (GP)
Albertson, Frank P.....5031 Rockville Rd. (24) (GP)
Albrecht, Willard H.7400 Hollingsworth Dr. (68) (ANES)
Aldrich, Harry D.....5506 E. 16th St. (18) (OPH)
Aldrich, Howard....4316 E. Washington St. (01) (GP)
Alexander, Ezra D. (S)....906 W. 27th St. (08) (GP)
Alig, Vincent B.....1815 N. Capitol Ave. (02) (P)
All, Barbara B.....1815 N. Capitol Ave. (02) (ANES)
Allen, Robert K.....3202 N. Meridian St. (08) (IM)
Alley, Thomas W.....107 Kenwood Circle (60) (IM)
Alvis, David L.....822 Hume Mansur Bldg. (04) (OPH)
Alvis, Edmond O. (S)
320 Hume Mansur Bldg. (04) (OPH)
Anderson, James W.....623 N. West St. (02) (GP)
Anshutz, William M.....6340 Braemore Rd. (20) (R)
Antreasian, Berj....1303 N. Arlington Ave. (19) (IM)
Appel, Richard H.....320 Hume Mansur Bldg. (04) (PR)
Applegate, George W.....Methodist Hospital (02) (IM)
Arbogast, John L.....I. U. Medical Center (02) (PATH)
Arbuckle, William E. (S)....1150 S. Sheffield (21) (GP)
Armer, Robert M.....3500 Lafayette Rd. (22) (PD)
Armstead, John W.....2140 N. Capitol Ave. (02) (OBG)
Arnold, Aaron L.....6221 N. Keystone Ave. (20) (GP)
Arnold, Robert D.....5470 E. 16th St. (18) (OBG)
Aronson, Sidney S. (S).5670 N. Meridian St. (08) (OTO)
Assue, Clare M.....LaRue D. Carter Hospital (02) (P)
Avery, George O.....17 S. Traub (22) (GP)

B

Baadj, Abdel G.....2809 S. Holt Rd. (41) (GS)
Bachmann, Arnold J...3736 N. Delaware St. (05) (OBG)
Bader, Joseph.....7007 Tuxedo St. (20) (SR)
Baird, Melvin S.....19 W. 22nd St. (02) (GP)
Bakemeier, Otto H. (S)
5503 E. Washington St. (19) (GP)
Bakemeier, Robert E.
1303 N. Arlington Ave. (19) (GS)
Baker, John C.....American United Life Ins. Co., 30 W. Fall Creek Parkway (06) (ADM)
Balch, James F., Jr...709 Hume Mansur Bldg. (04) (U)
Ball, Joseph E.....4312 E. 10th St. (01) (GP)
Baptisti, Arthur, Jr.
Marion Co. General Hospital (02) (OBG)
Barnes, Gilbert H.....513 S. Sherman Dr. (03) (GP)
Bartle, James L.....6604 Hythe Rd. (20) (OO)
Bartley, Max D.....801 Hume Mansur Bldg. (04) (OPH)
Bastnagel, William F...3602 N. Meridian St. (08) (IM)
Bate, Mostafa H.....5202 N. Illinois St. (08) (GS)
Bates, Laurence H.....3524 N. Meridian St. (08) (IM)
Batman, Gordon W. (S)1815 N. Capitol Ave. (02) (ORS)
Battersby, J. Stanley....I. U. Medical Center (02) (GS)
Batties, Paul A.....2142 N. Capitol Ave. (02) (GP)
Bauer, Thomas B.....408 Hume Mansur Bldg. (04) (PS)
Baumeister, Herbert E.
1815 N. Capitol Ave. (02) (ANES)
Baxter, John P.....3266 N. Meridian St. (08) (GS)
Beach, Robert R. (S)
5810 E. Pleasant Run Pkwy., N. Dr. (19) (OO)
Beaver, Howard W.....2930 Madison Ave. (25) (GP)
Bechtol, Lavon D.....Lilly Research Labs., P. O. Box 618 (06) (SR)
Beck, Evart M.....915 E. 38th St. (05) (IM)
Becker, Harry G.....6060 College Ave. (20) (GS)
Beeler, John W.....712 Hume Mansur Bldg. (04) (R)
Beeler, Raymond C. (S)
3777 N. Meridian St. (08) (OO)
Beering, Steven C.....I. U. Medical Center (02) (IM)
Belshaw, George.....1640 N. Ritter Ave. (18) (OBG)
Belt, James H.....6225 Broadway (20) (PD)
Benedict, Paul F.....3949 Meadows Dr. (05) (GS)
Bennett, Ivan F.
Lilly Clinic, Marion Co. General Hospital (02) (P)
Bennett, James E.....I. U. Medical Center (02) (PS)
Benson J. Thomas
2948 Kessler Blvd., N. Dr. (22) (OBG)
Benz, James A...7201 Sylvan Ridge Rd. (40) (PATH)
Berman, Edward J.....3939 Cooper Lane (08) (GS)
Berman, Jacob K. (S).....3939 Cooper Lane (08) (GS)
Bernoske, Daniel G.....Indiana St. Board of Health, 1330 W. Michigan St. (06) (PH)
Berry, John M.....6841 Willow Rd. (20) (ANES)
Bhagwandin, Harry O.
4761 Southeastern Ave. (03) (IM)
Bibler, Lester D.....1815 N. Capitol Ave. (02) (GP)
Biegel, Angenieta A.....I. U. Medical Center (02) (IM)
Bill, Robert O.....3231 N. Meridian St. (08) (P)
Black, Henry R.....7851 Holly Creek Dr. (40) (IM)
Blackford, Florence (S).....5909 E. 10th St. (19) (R)
Blackford, Ralph E. (S)....5909 E. 10th St. (19) (GS)
Blackwell, Donald S.....1815 N. Capitol Ave. (02) (ORS)
Blake, Albert L.....1802 N. Illinois St. (02) (IM)
Blatt, A. Ebner.....3400 N. Meridian St. (08) (IM)
Bloemker, E. Fredrick 7661 Harcourt Rd. (60) (Resident)
Bloemker, Edward F.....2729 Shelby St. (03) (GP)
Boggs, Eugene F.....8 E. Troy Ave. (25) (IM)
Boling, Frederick F.....3049 S. Holt Rd. (41) (GP)
Boling, Grover C.....1440 E. 46th St. (05) (GP)
Bolinger, Garry L. 2020 Manchester Lane (60) (Resident)
Bond, George S. (S)..1221 N. Delaware St. (02) (CD)
Bond, Virginia.....4525 W. 59th St. (54) (ANES)
Bond, William H.....I. U. Medical Center (02) (IM)

Bonsett, Charles A.....6133 E. 54th Pl. (26) (P)
Booher, Norman R.....447 E. 38th St. (05) (GP)
Booher, Olga Bonke.....447 E. 38th St. (05) (PD)
Booth, Boynton H.....301 Hume Mansur Bldg. (04) (D)
Boxell, John F.....I. U. Medical Center (02) (Resident)
Boyce, Paul A.....5411 N. Kenmore Rd. (26) (Resident)
Boyer, Floyd A.....442 N. Drexel Ave. (01) (GP)
Brady, Thomas A.....1815 N. Capitol Ave. (02) (ORS)
Brantly, James A.....1906 N. Capitol Ave. (02) (IM)
Brayton, Lee.....3930 N. Illinois St. (08) (GP)
Brickley, Harry D.....3266 N. Meridian St. (08) (GS)
Brickley, Richard A.....3266 N. Meridian St. (08) (GS)
Briggs, Robert W.....2140 N. Capitol (02) (IM)
Brillhart, James R.....5506 E. 16th St. (18) (OBG)
Brissenden, Reynolds B. III
240 N. Meridian St. (04) (OM)
Brodie, Donald W.....817 C. of C. Bldg. (04) (PUD)
Brogan, Thomas M.....740 E. 52nd St. (05) (GP)
Brooks, Fred R., Jr.....3349 Georgetown Rd. (24) (GP)
Brough, A. Kathleen....11850 Brookville Rd. (39) (GP)
Brown, Archie E..4145 Melbourne Rd., W. Dr. (08) (IM)
Brown, David E.....1944 N. Capitol Ave. (02) (OTO)
Brown, DeWitt W.....1633 N. Capitol Ave. (02) (P)
Brown, Earl R., Jr.....Community Hospital (19) (R)
Brown, Frances T. (S)..2126 N. Talbot Ave. (02) (GP)
Brown, Frank M.....2875 Clifton (08) (GP)
Brown, Gordon T.....3989 Meadows Drive (05) (P)
Brown, Wendell E.....3426 N. Meridian St. (08) (PD)
Browning, James S.....3120 N. Meridian St. (08) (IM)
Brownley, E. Jane..2840 N. High School Rd. (24) (PD)
Bruce, Reginald A.....2515 E. 34th St. (18) (GP)
Buckingham, Richard E., Jr.
I. U. Medical Center (02) (Resident)
Brueckmann, F. Robert
1815 N. Capitol Ave., #401 (02) (ORS)
Buehl, Frederick H.....I. U. Medical Center (02) (P)
Buehl, Isabelle A.....301 E. 38th St. (05) (PATH)
Bullard, Harland R..I. U. Medical Center (02) (Resident)
Burdette, Harold F.....3266 N. Meridian St. (08) (IM)
Burghard, Rolla D.....Community Hospital (19) (GP)
Burt, Michael.....I. U. Medical Center (02) (Resident)
Butler, John O.....7216 S. Madison Ave. (27) (IM)
Butler, Robert M.....3426 N. Meridian St. (08) (PD)

C

Cadiente, Samson S.....3266 N. Meridian St. (08) (GS)
Cahn, Hugo M. (S).....6416 Hoover Rd. (60) (OO)
Cahn, Peter H.....818 Hume Mansur Bldg. (04) (OPH)
Caldwell, Marilyn R.....111 E. 53rd St. (20) (P)
Campbell, H. Edwin, Jr..3500 Lafayette Rd. (22) (OBG)
Campbell, John A.....I. U. Medical Center (02) (R)
Campbell, Richard W.....6834 Mohawk Lane (60) (IM)
Campbell, Robert L.....1100 W. Michigan St. (02) (NS)
Caplin, Irvin.....1815 N. Capitol Ave. (02) (A)
Caplin, Samuel S.
V. A. Hospital, 1481 W. 10th St. (02) (OO)
Caputi, Saverio.....3202 N. Meridian (08) (R)
Card, William H.....5315 E. 79th St. (50) (PATH)
Carson, Wayne.....1802 N. Illinois St. (02) (TS)
Carter, James E.....I. U. Medical Center (02) (OBG)
Chandler, Leon H., Jr.
Marion County General Hospital (02) (Resident)
Chattin, William R.....4829 E. 38th St. (18) (PD)
Chavez, Mauro E...2840 N. High School Rd. (24) (OBG)
Chen, Ko Kuei (S)....I. U. Medical Center (02) (IM)
Chernish, Stanley M.
Marion Co. General Hospital (02) (IM)
Chevalier, Robert B.....1802 N. Illinois (02) (CD)
Chivington, Paul V., Jr.
707 Hume Mansur Bldg. (04) (D)
Chroniak, Walter.....41 N. Shortridge Rd. (19) (IM)
Clark, Edward E.....3731 N. Keystone Ave. (18) (GP)
Clark, George A...822 Hume Mansur Bldg. (04) (OPH)
Clark, Lawson J.....3736 N. Delaware St. (05) (OBG)
Clevinger, William G.....1601 N. Whitcomb (24) (GP)
Close, W. Donald.....I. U. Medical Center (02) (IM)
Coates, Jacqueline.....305 W. 42nd St. (08) (PD)
Cobb, Clarence M.....3202 N. Meridian St. (08) (PATH)
Coggeshall, Warren E..3524 N. Meridian St. (08) (IM)
Collins, Hubert L.....985 N. Arlington Ave. (19) (GP)
Collins, Robert C.....1356 W. 21st St. (02) (GP)
Conley, Joseph L. (S).....405 E. 52nd St. (05) (OO)
Conway, Chester C.....4402 E. New York St. (01) (GP)
Conway, Glenn.....1620 S. East St. (25) (GP)
Cookson, Lawrence U....3400 N. Meridian St. (08) (R)
Cornacchione, Matthew.....814 S. East St. (25) (GP)
Cortese, James V.....3901 S. East St. (27) (GP)
Cortese, Thomas A.....3901 S. East St. (27) (GS)
Cortese, Thomas A., Jr.
I. U. Medical Center (02) (Resident)
Costin, Robert L.....301 E. 38th St. (05) (PATH)
Coughenour, J. Robert
534 Turtle Creek, N. Dr. (27) (GP)
Countryman, Frank W....1815 N. Capitol Ave. (02) (P)
Craft, Kenneth L. (S)
1002 Hume Mansur Bldg. (04) (OTO)
Craig, Alexander F.....5350 E. 38th St. (18) (ANES)
Crawford, John A...321 Hume Mansur Bldg. (04) (ORS)
Cronin, H. Joseph.....3400 N. Meridian St. (08) (R)
Cross, David G.....1002 Troy Ave. (03) (GP)
Crossin, James A.....1815 N. Capitol Ave. (02) (GS)
Culbertson, Clyde G.
Eli Lilly & Co., 740 S. Alabama St. (06) (PATH)
Cumming, James R.....Methodist Hospital (02) (PD)
Cummins, Douglas F.....7617 W. 10th St. (24) (ANES)
Cure, Charles W.....1815 N. Capitol Ave. (02) (NS)
Currie, Robert W.....512 E. 57th St. (20) (R)
Curry, R. Louis.....5705 E. 38th St. (18) (GP)
Cusick, James A.....3400 N. Meridian St. (08) (ANES)
Cuthbert, Marvin P...3266 N. Meridian St. (08) (OPH)
Czenkusch, Helen G.....2840 High School Rd. (24) (PD)

D

Daley, Edward H.....5350 E. 38th St. (18) (ANES)
Dallas, Fred R.....1640 N. Ritter Ave. (18) (U)
Dallas, Mary E.
V. A. Hospital, 1481 W. 10th St. (02) (ANES)
Dalton, William W.
Lilly Research Labs., P.O. Box 618 (06) (OM)
Daly, Joseph M.....532 Turtle Creek, N. Dr. (27) (PD)
Darbro, David A.....2307 E. Raymond St. (03) (GP)
Davidson, Dale A.....1815 N. Capitol Ave. (02) (PS)
Davidson, N. Cort.....3233 N. Meridian St. (08) (GP)
Davis, Bennie L.....2615 N. Capitol Ave. (08) (U)
Davis, Larry M.....1315 W. Tenth St. (02) (Resident)
Davis, Margaret M.....2603 W. 42nd St. (08) (ANES)
Davis, Sam J.....908 Hume Mansur Bldg. (04) (ORS)
Deal, Eleanor H.....4819 W. 15th St. (24) (GP)
Dearmin, Robert M. (S)3233 N. Meridian St. (08) (OTO)
DeArmond, Murray (S)..1815 N. Capitol Ave. (02) (NS)
DeBrota, John, Jr.....3202 N. Meridian St. (08) (ANES)
Decatur, David R.....1303 N. Arlington Ave. (19) (GP)
Deever, John W.....4131 Shelby St. (27) (OBG)
Deitch, Robert D...308 Hume Mansur Bldg. (04) (OPH)
Denny, Forrest L.....3351 W. 10th St. (22) (GP)
Denny, James W.....25 N. Ritter Ave. (19) (GP)
DeWees, Dwight L.....302 N. Bradley Ave. (01) (GP)
DeWester, Gerald M.....7216 Madison Ave. (27) (GP)
Dickson, Carolyn L.....501 N. West St. (02) (GP)
Dill, Myron K.....3120 N. Meridian St. (08) (IM)
Dillon, John F.....Methodist Hospital (02) (R)
Dilts, Robert L.....2521 E. 38th St. (18) (GP)
Dintaman, Paul G...703 Hume Mansur Bldg. (04) (IM)
Dolan, Patrick A.....Methodist Hospital (02) (R)
Donahue, James M.....1815 N. Capitol Ave. (02) (P)
Donato, Albert M.....1429 Shelby St. (03) (GP)
Donnelly, Robert W...313 Hume Mansur Bldg. (04) (R)
Doran, J. Hal.....620 Hume Mansur Bldg. (04) (IM)
Doughty, Samuel R., Jr...5350 E. 38th St. (18) (ANES)
Douglas, William T.....3202 N. Meridian St. (08) (GP)
Dowd, Joseph A.....Butler University
Health Center, 525 W. Hampton Dr. (08) (IM)
Dryden, Gale E.....5835 N. Tacoma (20) (ANES)
Dugan, John R.....5747 Rolling Ridge Rd. (20) (GP)

Dugan, William M., Jr.
3524 N. Meridian St. (08) (IM)
Duncan, Stuart J.....3037 S. Meridian St. (27) (GP)
Duncan, William A.....1221 E. 86th St. (40) (OBG)
Dunkin, Ramon S.....3202 N. Meridian St. (08) (IM)
Dyar, Edwin W.....1010 E. 86th St. (40) (OPH)
Dyar, Robert W.....1010 E. 86th St. (40) (OPH)
Dyke, Richard W..Marion Co. General Hospital (02) (IM)
Dyken, Mark L.....I. U. Medical Center (02) (N)

E

Earp, Evanson B. (S).3368 Washington Blvd. (05) (GP)
Eastman, Joseph R., Jr.....220 W. 64th St. (60) (OO)
Eaton, Edwin R.....Community Hospital (19) (GS)
Eaton, Lyman D.....5505 N. Keystone Ave. (20) (IM)
Ebert, J. Wayne (S)....1125 Southview Dr. (27) (GP)
Echt, Charles R.....I.U. Medical Center (02) (OBG)
Edwards, Joshua L....I.U. Medical Center (02) (PATH)
Edwards, Judith Ann I.U. Medical Center (02) (Resident)
Edwards, Wendell L...Methodist Hospital (02) (ANES)
Egbert, Herbert L.....5317 E. 16th St. (18) (GS)
Eicher, Palmer O.....3400 N. Meridian St. (08) (ORS)
Eldridge, Gail E.....1440 E. 46th St. (05) (GP)
Elkins, James P.....234 E. Southern Ave. (25) (OBG)
Elliott, John T.....4132 Steinmetz Dr. (54) (Resident)
Elliott, William C.....3524 N. Meridian St. (08) (CD)
Ellis, William N.....1640 N. Ritter Ave. (18) (GP)
Emhardt, John T.....1628 S. East St. (25) (GP)
Esparza, Higinio S.
Marion Co. General Hospital (02) (PATH)
Evans, Frederick H.....2140 N. Capitol (02) (OTO)
Evans, Paul V.....Methodist Hospital (02) (PATH)
Everly, Ralph V.....706 E. 46th St. (05) (GP)

F

Failey, Robert B., Jr.....I. U. Medical Center (02) (IM)
Faris, James V.....5571 Scarlet Dr. (24) (Resident)
Farrell, Joseph T.....2807 E. Michigan St. (01) (GP)
Fausset, C. Basil.....1815 N. Capitol Ave. (02) (NS)
Fechtman, William F.....6020 Gladden Dr. (20) (OTO)
Feeney, Martin T...532 Turtle Creek, N. Dr. (27) (OBG)
Ferry, Francis A.....1638 E. Raymond St. (03) (GP)
Finneran, Joseph C.....1802 N. Illinois St. (02) (GS)
Fisch, Charles.....I. U. Medical Center (02) (CD)
Fischer, A. Alan.....3500 Lafayette Rd. (22) (GP)
Fisher, William P.....I.U. Medical Center (02) (P)
Fitzgerald, William J.
303 Fountain Square Theatre Bldg. (03) (GP)
Flanagan, Paul M.....3440 N. Meridian St. (08) (OBG)
Flanders, Robert, Jr.....3266 N. Meridian St. (08) (IM)
Flanigan, Meredith B.....3305 Rutledge (08) (ANES)
Fleischl, Herbert.....Central State Hospital (22) (P)
Flick, John J.....668 E. 38th St. (05) (OPH)
Flora, Joseph O.....4317 W. Washington St. (41) (GP)
Folkening, Norval C.....234 E. Southern Ave. (25) (GP)
Fosgate, Harold L.....4301 E. 38th St. (18) (GP)
Foster, Lee N.....St. Vincent's Hospital (08) (PATH)
Foster, Lowell G.
Marion Co. General Hospital (02) (P)
Foster, Ray D.....1944 N. Capitol Ave. (02) (OTO)
Fouts, Paul J.....623 Hume Mansur Bldg. (04) (IM)
Franken, E. A., Jr.....I.U. Medical Center (02) (R)
Franklin, William L.508 Hume Mansur Bldg. (04) (ORS)
Freed, Carl A.....2948 Kessler Blvd., N. Dr. (22) (OBG)
French, Richard N.....LaRue D. Carter Hosp. (02) (P)
Fromhold, Willis A.....510 Willard Ave. (27) (GP)
Fry, Robert D.....607 Hume Mansur Bldg. (04) (GS)
Fulton, William H.....7216 S. Madison Ave. (27) (N)
Fundenberger, Martin.....2815 E. 38th St. (18) (OPH)

G

Gabovitch, Edward R.....1815 N. Capitol Ave. (02) (IM)
Gabrielsen, Ted H.....1815 N. Capitol Ave. (02) (GS)
Gaddy, Nelson D.....3500 Lafayette Rd. (22) (GP)
Gambill, William D.....1633 N. Capitol Ave. (02) (IM)
Garber, J. Neill.....1815 N. Capitol Ave. (02) (ORS)
Garceau, George J. (S)
508 Hume Mansur Bldg. (04) (ORS)
Gard, Daniel A.....1915 N. Capitol Ave. (02) (GP)
Gardiner, Sprague H...I. U. Medical Center (02) (OBG)
Gardner, Austin L.....3266 N. Meridian St. (08) (GS)
Gardner, F. Buckman
St. Vincent's Hospital (08) (ANES)
Garfield, Martin D.....3705 College Ave. (05) (GP)
Garner, W. Stanley.....2704 E. 62nd St. (20) (GP)
Garrett, Robert A.....I.U. Medical Center (02) (U)
Gaurano, Lauro M.....234 E. Southern Ave. (25) (IM)
Geider, Roy A.....1525 Prospect St. (03) (GP)
Geisler, Hans E.....5470 E. 16th St. (18) (OBG)
George, Charles L.....1121 E. 80th St. (40) (ANES)
Gerth, Robert E.....Methodist Hospital (02) (R)
Gibson, Greta Maxine
5744 Broadway Terrace (20) (OO)
Gick, Herman H. (S)..2705 E. Michigan St. (01) (GP)
Gillen, Howard W...Marion Co. General Hosp. (02) (N)
Gillespie, Charles F...3400 N. Meridian St. (08) (OBG)
Gillespie, Jacob E...523 Hume Mansur Bldg. (04) (GP)
Gilliland, John E...Methodist Hospital (02) (Resident)
Gillim, Parvin D...315 Hume Mansur Bldg. (04) (OPH)
Girod, Donald A.....I.U. Medical Center (02) (PD)
Glover, John L.....4124 Sunmeadow Lane (08) (GS)
Goldman, Samuel....2117 W. Washington St. (22) (GP)
Goodman, Julius M.....1815 N. Capitol Ave. (02) (NS)
Gormley, Joseph J.....2372 Lafayette Rd. (22) (GP)
Gosman, James H.....1815 N. Capitol Ave. (02) (D)
Graham, Edward W.
3531 N. Keystone Ave. (18) (PATH)
Graham, John D.....1802 N. Illinois St. (02) (IM)
Graham, William E...3440 N. Meridian St. (08) (OBG)
Gray, Howard R.....301 Hume Mansur Bldg. (04) (D)
Gray, Kenneth L...2727 N. High School Rd. (24) (GP)
Grayson, Merrill.....I.U. Medical Center (02) (OPH)
Grayson, Ted L.....1815 N. Capitol Ave. (02) (GS)
Green, Joseph B.....I.U. Medical Center (02) (N)
Green, Morris.....Riley Hospital (02) (PD)
Green, Oscar.....P. O. Box 40506 (40) (OTO)
Greene, Morgan E.
Marion Co. General Hospital (02) (GP)
Gregory, Robert L.....1743 Shelby St. (03) (IM)
Greist, John H.....3231 N. Meridian St. (08) (P)
Grief, James V.....5831 E. Washington St. (19) (R)
Grief, Robert S.....2302 E. Troy (03) (GP)
Griffin, Leslie W. Allison Div., General Motors (06) (OM)
Griffith, Richard S.
Lilly Clinic, Marion Co. General Hospital (02) (SR)
Griffith, Ross E.....1802 N. Illinois St. (02) (OBG)
Grimes, Eva M.
950 Ellenberger Pkwy., W. Dr. (19) (R)
Grimes, Hubert N.....5516 E. 21st St. (18) (PD)
Grisell, Ted L.....5317 East 16th St. (18) (GS)
Grosz, Hanus J.....I.U. Medical Center (02) (P)
Gruber, Charles M.
Lilly Clinic, Marion Co. General Hospital (02) (IM)

H

Habegger, Elmer D.....1815 N. Capitol Ave. (02) (GS)
Hackney, Victor C.....I.U. Medical Center (02) (D)
Hadley, David.....702 Hume Mansur Bldg. (04) (ORS)
Haggard, Edmund B. (S)
5914 N. Emerson Ave. (20) (OO)
Hall, Jack H.....Methodist Hospital (02) (IM)
Hamburger, Richard J...I.U. Medical Center (02) (IM)
Hamer, Homer G. (S)..1711 N. Capitol Ave. (02) (U)
Hamilton, Howard B...901 S. Emerson Ave. (03) (OM)
Hampshire, Donald R.
1443 N. Pennsylvania St. (02) (GP)
Hancock, John G.....2226 W. Michigan St. (22) (GP)
Hann, Eldon C.....1633 N. Capitol Ave. (02) (NS)
Hanna, Thomas A.....1608 N. Lynhurst Dr. (24) (GP)
Harcourt, Robert S.....1915 N. Capitol Ave. (02) (GS)
Harding, M. Richard....3949 Meadows Dr. (05) (OPH)
Harding, Myron S. (S)..3949 Meadows Dr. (05) (OPH)
Hare, Earl H. (S).....Indiana State Board of Health,
1330 W. Michigan St. (06) (PH)
Hare, Laura.....404 Hume Mansur Bldg. (04) (IM)
Harger, Robert W..804 Hume Mansur Bldg. (04) (OPH)
Harris, Carl B.....319 Hume Mansur Bldg. (04) (OPH)
Harris, James C.....1295 E. 86th St. (40) (IM)
Harvey, Hathaway K.I.U. Medical Center (02) (Resident)
Harvey, Verne K., Jr.....Indiana State Board of Health,
1330 W. Michigan St. (06) (PH)

Hatfield, Nicholas W.....5851 E. 54th Pl. (26) (GP)
Hawk, Edgar A.....1815 N. Capitol Ave. (02) (ANES)
Hawk, James H.....400 E. 43rd St. (05) (PH)
Hawthorne, James J.....3901 N. Meridian St. (08) (IM)
Haymond, Joseph L.....301 E. 38th St. (05) (PATH)
Haynes, John T.....1815 N. Capitol Ave. (02) (A)
Hazelrigg, Donald E...3800 W. Michigan St. (22) (intern)
Healey, Robert J.....3602 N. Meridian St. (08) (IM)
Hedrick, Philip W.....1221 E. 86th St. (40) (PD)
Heimburger, Robert F...I.U. Medical Center (02) (NS)
Helmen, Charles H.....I.U. Medical Center (02) (R)
Helveston, Eugene M...I.U. Medical Center (02) (OPH)
Henderson, Roscoe C.....418 E. 30th St. (05) (GP)
Hendricks, Fred A...6917 N. Keystone Ave. (20) (GP)
Hendricks, John W...911 Hume Mansur Bldg. (04) (U)
Henry, Russell S.....2119 Shelburne Dr. (60) (PUD)
Hensley, Harry T.
Ft. Benjamin Harrison Hospital (16) (GP)
Heubi, John E...Marion Co. General Hospital (02) (PD)
Hibbeln, Frederic P.....1010 E. 86th St. (40) (D)
Hibbeln, Thomas J...Methodist Hospital (02) (Resident)
Hickman, Jack W.....I.U. Medical Center (02) (IM)
Hicks, Murwyn L.....5350 E. 38th St. (18) (ANES)
Hildebrand, William L...2963 N. Sherman Dr. (18) (GP)
Hill, Herbert N.....3500 Lafayette Rd. (22) (GP)
Hill, James K.....3500 Lafayette Rd. (22) (PD)
Hilz, James M.....3901 S. East St. (27) (GS)
Hilz, Mary Ann....I.U. Medical Center (02) (Resident)
Himelstein, N. Harvey....3500 Lafayette Rd. (22) (GP)
Himler, James M.
445 N. Pennsylvania St., #809 (04) (IM)
Hobbs, Hudner.....Methodist Hospital (02) (PD)
Hoffman, Herman.....650 E. 38th St. (05) (GP)
Hofmann, J. William (S)
5038 Allisonville Rd., Apt. B (05) (OO)
Hogan, Michael A.....2704 E. 62nd St. (20) (PD)
Holland, William M.....3524 N. Meridian St. (08) (IM)
Holman, Jerome E., Jr.....3315 E. 10th St. (01) (GP)
Holman, Jerome E., Sr. (S)
4503 E. Kessler Blvd. (20) (OO)
Hood, Ainslee A.....910 Markwood Ave. (27) (GP)
Hopkins, Bruce J.....3120 N. Meridian St. (08) (OTO)
Hornback, Ned B.....8521 Green Braes, S. Dr. (34) (R)
Horwitz, Thomas....421 Hume Mansur Bldg. (04) (ORS)
Howell, Arthur
Marion Co. General Hospital (02) (Resident)
Howell, Joseph D.....760 Bankers Trust Bldg. (04) (A)
Hoyt, Lester H.....Methodist Hospital (02) (PATH)
Hoyt, Millard L.....5506 E. 16th St. (18) (P)
Hubbard, Jesse D.....I.U.Medical Center (02) (PATH)
Huber, Carl P.....I.U.Medical Center (02) (OBG)
Hull, Ronald H.....1815 N. Capitol Ave. (02) (P)
Hummons, Francis D.
2229 Northwestern Ave. (23) (GP)
Hunneshagen, Donald E.
Methodist Hospital (02) (Resident)
Hunter, Charles A., Jr...I.U. Medical Center (02) (OBG)
Hurteau, William W...Methodist Hospital (02) (PATH)
Hurwitz, Roger A.....I.U. Medical Center (02) (PDC)
Huse, William M.....1815 N. Capitol Ave. (02) (OBG)
Hutson, Richard A...I.U. Medical Center (02) (Resident)

I

Irvine, William O.....1815 N. Capitol Ave. (02) (ORS)
Irwin, Glenn W., Jr.....I.U. Medical Center (02) (IM)
Isenbarger, Karl.....111 E. 75th St. (40) (GP)
Iske, Paul G.....1919 N. Capitol Ave. (02) (IM)

J

Jackson, James W. (S)....463 W. 32nd St. (08) (OO)
James, Charles E.....6939 N. Michigan Rd. (68) (GP)
Jay, Arthur N.....P. O. Box 406 (06) (ADM)
Jay, James M.....1626 Hall Pl. (02) (IM)
Jenkins, John E., Jr. I.U. Medical Center (02) (Resident)
Jenkins, Robert E.....3440 N. Meridian St. (08) (D)
Jennings, Frank L. (S).....60 Meridian Pl. (05) (IM)
Jestadt, John J.....3202 N. Meridian St. (08) (R)
Jewett, Joe H.....3120 N. Meridian St. (08) (IM)
Jobes, James E...54 Monument Circle, #510 (04) (OM)
Johnloz, David K...I.U. Medical Center (02) (Resident)
Johnson, A. Cedric, Jr...1815 N. Capitol Ave. (02) (GS)
Johnson, Earl H.....4801 Plantation Dr. (50) (U)
Johnson, Thomas W.....1802 N. Illinois St. (02) (OTO)
Jones, Allen W.....6060 College Ave. (20) (IM)
Jones, David E.....828 C. of C. Bldg. (04) (OTO)
Jones, Francis P.....4212 E. Michigan St. (01) (GP)
Jones, George L.....8933 Southeastern Ave. (19) (GP)
Jones, Gordon C.....1517 N. Emerson (19) (GP)
Jones, John D.....I.U. Medical Center (02) (Resident)
Jones, Richard A.....3120 N. Meridian St. (08) (OTO)
Jontz, Jon P.....5350 E. 38th St. (18) (ANES)
Joseph, Rex M.....59 E. Troy Ave. (25) (GP)
Jowitt, Richard H.....1502 N. Emerson (19) (IM)
Joyner, John E....3901 N. Meridian St., #336 (08) (NS)
Judd, Russell L.....1303 N. Arlington Ave. (19) (U)
Judson, Walter E.....I.U. Medical Center (02) (CD)

K

Kahler, Maurice V. (S)..2638 Kessler Blvd. (22) (GP)
Kahn, Alexander J.....3120 N. Meridian St. (08) (PD)
Kahn, Howard L.....3120 N. Meridian St. (08) (OBG)
Kaiser, James L.....1815 N. Capitol Ave. (02) (ORS)
Kalsbeck, John E.....I.U. Medical Center (02) (NS)
Kammen, Leo.....3202 W. 16th St. (22) (GP)
Kane, Jack L.....I. U. Medical Center (02) (Resident)
Karsell, William A.....3989 Meadows Dr. (05) (OBG)
Katterjohn, James C..313 Hume Mansur Bldg. (04) (R)
Keating, John U.....3000 W. Washington St. (22) (P)
Kebel, Arthur P.....4456 N. Keystone Ave. (05) (GP)
Keenan, George B.....3225 Shelby St. (27) (GP)
Keever, Charles H. (S)....5214 College Ave. (20) (GP)
Kendall, William R...3202 N. Meridian St. (08) (ANES)
Kennedy, Hunter F.....1229 Prospect St. (03) (GP)
Kennedy, Joseph T.....5350 E. 38th St. (18) (ANES)
Kenney, David B.....5506 E. 16th St. (18) (OPH)
Kerr, Harry R. (S)..5774 Washington Blvd. (20) (OO)
Ketcham, Jane M. (S).....3906 Ruckle St. (05) (OO)
Kiefer, C. Raymond.....3241 N. Alton (22) (CHP)
Kim, Kil Chol.....I.U. Medical Center (02) (ANES)
Kimble, John W.....3400 N. Meridian St. (08) (GS)
King, Harold.....I.U. Medical Center (02) (GS)
King, Harry.....1815 N. Capitol Ave. (02) (CD)
King, Robert D.....I.U. Medical Center (02) (GS)
Kingsbury, John K. (S)
5462 E. Washington St. (19) (GP)
Kirkhoff, Paul J.....5317 E. 16th St. (18) (PD)
Kirtley, William R.
Eli Lilly & Co., 740 S. Alabama St. (06) (SR)
Kissel, Wesley A.....1815 N. Capitol Ave. (02) (P)
Kitterman, Harry E...703 State Office Bldg. (04) (ORS)
Klain, Benjamin V.....4157 College Ave. (05) (GP)
Kleit, Stuart A.....I.U. Medical Center (02) (IM)
Klutinoty, George II....3500 Lafayette Rd. (22) (GP)
Kneidel, John H.....5324 W. 16th St. (24) (R)
Kohlstaedt, Karl C.
Eli Lilly & Co., 740 S. Alabama St. (06) (OM)
Kohlstaedt, Kenneth G.
Eli Lilly & Co., 740 S. Alabama St. (06) (IM)
Kooiker, John E.....1815 N. Capitol Ave. (02) (P)
Koons, Karl M., Jr.....5470 E. 16th St. (18) (GS)
Koons, Karl M. (S)..923 Hume Mansur Bldg. (04) (GS)
Kopecky, Robert R.....4131 Shelby St. (27) (OBG)
Kornafel, L. H.....905 Hume Mansur Bldg. (04) (GS)
Kraft, Bennett.....760 Bankers Trust Bldg. (04) (A)
Kriel, William B.....5630 W. Washington St. (41) (GP)
Kuntz, Herman W...611 Hume Mansur Bldg. (04) (OTO)
Kurlander, Gerald J.....Community Hospital (19) (R)
Kurtz, Fred B. (S).....5520 N. Illinois St. (08) (GP)
Kurtz, Philip L.
Eli Lilly & Co., 740 S. Alabama St. (06) (IM)
Kwitny, Isadore J.....3400 N. Meridian St. (08) (IM)

L

LaDine, Clarence B.....2508 Station St. (18) (GP)
Lamb, Emmett B.....205 Hume Mansur Bldg. (04) (GS)
Lamb, Russell W.....205 Hume Mansur Bldg. (04) (GS)
Lamber, Chet K.....914 Hume Mansur Bldg. (04) (GS)
Lambert, Dennis M.
Marion Co. General Hospital (02) (Resident)
Lamkin, E. Henry, Jr...1815 N. Capitol Ave. (02) (IM)
Landwehr, Alfons.....5217 Leon Pl. (26) (IM)

Lane, C. Elaine.....2840 N. High School (24) (IM)
Lang, Jay W.....5350 E. 38th St. (18) (ANES)
Largaespada, Manuel.....549 S. Fleming (41) (GS)
Lashmet, Michael H.
419 Hume Mansur Bldg. (04) (OPH)
Lasich, Anthony R.....1815 N. Capitol Ave. (02) (ORS)
Lawrence, James M.....3500 Lafayette Rd. (22) (OPH)
Lawson, Allan J.....1010 E. 86th St. (40) (PD)
Leatherman, Harter L. (S)..1502 E. 46th St. (05) (GP)
Leffel, James M.....1633 N. Capitol Ave. (02) (GS)
Leffler, William T.....250 E. 70th St. (20) (GP)
Leipold, Jon D.....5920 Price Lane (54) (Resident)
LeMaster, Theodore R.
800 Hume Mansur Bldg. (04) (OPH)
Leser, Ralph U.....3901 N. Meridian St. (08) (IM)
Levi, Leon.....40 W. 38th St. (08) (IM)
Lewis, Earl.....2555 S. Davis Rd. (39) (GP)
Lewis, Paul S.....6357 Rockville Rd. (24) (GP)
Lichtenberg, Melvin.....535 E. 38th St. (05) (GP)
Lidikay, Edward C.....3989 Meadows Dr. (05) (OBG)
Liebschutz, Norman H.....6450 W. 10th St. (24) (PD)
Lindenborg, Paul G..3016 N. Arlington Ave. (18) (GP)
Lindseth, Richard E.....I.U. Medical Center (02) (ORS)
Lingeman, Raleigh E...1944 N. Capitol Ave. (02) (OTO)
Link, Goethe (S).....401 N. Illinois St. (04) (GS)
Littlefield, Paul A.
4040 Crooked Creek Overlook (08) (ANES)
Littlefield, Shirley D. 1815 N. Capitol Ave. (02) (ANES)
Lloyd, Frank P.....Methodist Hospital (02) (OBG)
Loehr, William M.....I.U. Medical Center (02) (R)
Logan, Patrick C.....5506 E. 16th St. (18) (D)
Loomis, Norman S. (S)....5416 E. 81st St. (50) (OO)
Lord, Glenn C.....104 E. 38th St. (05) (IM)
Lord, Thomas J.....3266 N. Meridian St. (08) (IM)
LoSasso, Alvin M.....1100 W. Michigan (02) (ANES)
Louden, Robert W.....1221 E. 86th St. (40) (GP)
Love, George N.....5331 Washington Blvd. (20) (ANES)
Lowe, John C.....1303 N. Arlington Ave. (19) (IM)
Lozow, David.....3949 Meadows Dr. (05) (ORS)
Lucas, Clarence A., Jr...2012 Boulevard Pl. (02) (GP)
Luginbill, Howard M.....5470 E. 16th St. (18) (P)
Lukemeyer, George T...I.U. Medical Center (02) (IM)
Lunsford, Thomas E.....1815 N. Capitol Ave. (02) (N)
Luros, J. Theodore.....1633 N. Capitol Ave. (02) (NS)
Lybrook, William B.....1564 N. Downey Ave. (19) (GP)
Lynch, William A...I.U. Medical Center (02) (Resident)
Lynn, Gene E.....1815 N. Capitol Ave. (02) (P)

M

MacDougall, John D.....3949 Meadows Dr. (05) (GS)
McAlpine, Richard J..5704 N. Keystone Ave. (20) (GP)
McAree, Francis E., Jr.....5470 E. 16th St. (18) (OBG)
McBride, James S. (S).....720 E. 80th St. (40) (OO)
McCallum, Donald C.....1815 N. Capitol Ave. (02) (U)
McCallum, Robert N.....3266 N. Meridian St. (08) (IM)
McCarthy, Daniel F., Jr.
1303 N. Arlington Ave. (19) (IM)
McCartney, Donald H.
1021 Hume Mansur Bldg. (04) (ORS)
McClain, Edwin S.....3500 Lafayette Rd. (22) (OBG)
McCormick, Charles O., Jr. 3989 Meadows Dr. (05) (OBG)
McDaniel, Edwin C.....1815 N. Capitol Ave. (02) (U)
McDougal, Robert A..3202 N. Meridian St. (08) (PATH)
McElroy, James T.....1635 Nashua Ct. (60) (Resident)
McGrath, Michael F.....1929 E. 38th St. (18) (GP)
McIntyre, James M.....1815 N. Capitol Ave. (02) (PR)
McKinley, A. David.....I.U. Medical Center (02) (IM)
McLaren, Daniel E.....6000 E. 46th St. (26) (GP)
McNutt, Cyrus C.....8639 Lancaster Rd. (60) (PATH)
McQuiston, Ralph J.....608 Guaranty Bldg. (04) (OTO)
Mackey, John E.....3400 N. Meridian St. (08) (OBG)
Madtson, A. Ricks
1815 N. Capitol Ave., #307 (02) (GS)
Malloy, Francis E., Jr.....5350 E. 38th St. (18) (ANES)
Mandelbaum, Isidore.....I.U. Medical Center (02) (GS)
Manders, Karl L.....5506 E. 16th St. (18) (NS)
Manion, Marlow W..601 Hume Mansur Bldg. (04) (OTO)
Mann, Mortimer.....3426 N. Meridian St. (08) (OPH)
Manning, K. Randolph..1815 N. Capitol Ave. (02) (ORS)
Manzie, Michael W.....3500 Lafayette Rd. (22) (GS)
Marks, John S., Jr.....5506 E. 16th St. (18) (NS)
Maroon, Joseph C.2605 Cold Springs Manor (22) (Intern)
Marsh, Carl M.....101 N. Shortridge Rd. (19) (IM)
Marshall, Cavins R. (S).....43 W. 30th St. (08) (GP)
Martin, Freeman.....3450 N. Illinois St. (08) (GP)
Martin, Hugh E.
Pitman-Moore Co., 1200 Madison Ave. (06) (OM)
Martin, Loren H...2626 W. Washington St. (22) (GP)
Martz, Bill L.
Lilly Clinic, Marion Co. General Hospital (02) (IM)
Martz, Carl D.....912 Hume Mansur Bldg. (04) (ORS)
Masbaum, Ned P.....1434 Oakwood Trail (60) (P)
Masters, John M. (S)
805 Hume Mansur Bldg. (04) (OPH)
Masters, Robert J. (S)
805 Hume Mansur Bldg. (04) (OPH)
Matthew, W. Burleigh
518 Hume Mansur Bldg. (04) (OPH)
Matthews, Bernard J. (S) 966 N. Graham Ave. (19) (GP)
Matthews, William M..I.U. Medical Center (02) (ANES)
Maxam, B. T.....3524 N. Meridian St. (08) (IM)
Maxwell, Sam B.....Eli Lilly & Co.,
P. O. Box 618 (06) (SR)
Mealey, John, Jr.....I.U. Medical Center (02) (NS)
Megenhardt, Dennis S...3266 N. Meridian St. (08) (GS)
Meiks, Lyman T.....4205 N. Pennsylvania St. (05) (PD)
Melin, John R.....1633 N. Capitol Ave. (02) (OBG)
Mentendiek, Maurice H.
141 Buckingham Dr. (08) (OM)
Mercado, Zenaida.....5317 E. 16th St. (18) (PD)
Mericle, Earl W.....1633 N. Capitol Ave. (02) (P)
Merritt, A. Donald.....I.U. Medical Center (02) (IM)
Mershon, Jack B.....3855 E. 10th St. (01) (PATH)
Mertz, John H. O.....1711 N. Capitol Ave. (02) (U)
Michael, Amos.....7209 Lakeside Dr. (78) (PATH)
Michael, Isaac E...2948 Kessler Blvd., N. Dr. (22) (IM)
Middleton, Harvey N. (S)
1828 N. Illinois St. (02) (IM)
Millan, Felix..Marion Co. General Hospital (02) (PMR)
Miller, Frank H.....5506 E. 16th St. (18) (OPH)
Miller, Jerry A.....3202 N. Meridian St. (08) (ANES)
Miller, Jerry R.....I.U. Medical Center (02) (ANES)
Miller, John D. Marion Co. General Hospital (02) (PUD)
Miller, L. Hoyt.....6000 E. 46th St. (26) (GP)
Miller, Roscoe E.....I.U. Medical Center (02) (R)
Mishkin, Fred S.....I.U. Medical Center (02) (R)
Mitchell, George H....6049 E. Washington St. (19) (D)
Moak, Glenn D.....712 Hume Mansur Bldg. (04) (R)
Moe, John F.....3041 Lafayette Rd. (22) (GP)
Moore, Donald F....LaRue D. Carter Hospital (02) (P)
Moore, Harold T.....1815 N. Capitol Ave. (02) (ANES)
Moore, Thomas S.....7602 Woodside Dr. (60) (PS)
Moores, William B.....2205 Durham Dr. (20) (D)
Moran, Thomas E.....7210 Madison Ave. (27) (GP)
Morchan, Samuel.....6221 N. Keystone Ave. (20) (R)
Morgan, Margaret E.....3400 N. Meridian St. (08) (P)
Moriarty, John R.....5602 Madison Ave. (27) (GP)
Morrison, Lewis E..603 Hume Mansur Bldg. (04) (OTO)
Morse, Robert P.....4612 E. 10th St. (01) (GP)
Morton, Joseph L.....St. Vincent's Hosp. (08) (R)
Morton, Philip M.....1815 N. Capitol Ave. (02) (P)
Morton, Walter P. (S)
3434 Fall Creek Blvd. (05) (OO)
Moss, Bobby L.....5316 E. 16th St. (18) (GP)
Moss, Harlan B.....1640 N. Ritter Ave. (18) (GS)
Moss, Herschel C.....1640 N. Ritter Ave. (18) (GS)
Mothersill, Mark H. (S)....3650 College Ave. (05) (A)
Mouser, Robert W.....6201 Park Ave. (20) (GP)
Mullen, James B.....3120 N. Meridian St. (08) (IM)
Muller, Lullus P.....3120 N. Meridian St. (08) (GS)
Muller, Paul F.....3440 N. Meridian St. (08) (OBG)
Muller, Victor H.....2128 N. Meridian St. (02) (PATH)
Murray, Raymond H. ..I.U. Medical Center (02) (IM)
Myers, Charles W. (S)...R. R. 18, Box 256 (24) (OO)

N

Nagan, Robert F.....606 Hume Mansur Bldg. (04) (GS)
Nasser, William K.....I.U. Medical Center (02) (CD)
Nation, Robert D.....6332 Guilford Ave. (20) (GP)
Nay, Richard M.....3524 N. Meridian St. (08) (IM)
Need, David J.....7210 Madison Ave. (27) (PD)

Need, Louis T.....1927 S. Meridian St. (25) (GP)
Need, Richard L.....7216 S. Madison Ave. (27) (IM)
Nester, Henry G.....1841 City-County Bldg. (04) (PH)
Newman, Daniel M.....1711 N. Capitol Ave. (02) (U)
Nicholas, Dennis J.....4365 Wexford (26) (ANES)
Nie, Louis W.....3231 N. Meridian St. (08) (P)
Nohl, John M.....457 N. Emerson Ave. (19) (GP)
Nolin, Richard T.....10447 N. College Ave. (80) (GP)
Nolting, Henry F. (S)..155 W. Hampton Dr. (08) (GP)
Norman, William H. 908 Hume Mansur Bldg. (04) (ORS)
Norris, Max S.....510 Hume Mansur Bldg. (04) (IM)
Nourse, Myron H.....1711 N. Capitol Ave. (02) (U)
Nugent, Edwin J.....6840 N. Delaware St. (20) (OO)
Nurnberger, John I.....I.U. Medical Center (02) (P)

O

O'Brian, Earl J.....3500 Lafayette Rd. (22) (GP)
Ochsner, Harold C.....4565 Cold Springs Rd. (08) (R)
O'Connell, Noreen M.
V. A. Hospital, 1481 W. 10th St. (02) (P)
Offutt, Andrew C.....Indiana State Board of Health, 1330 W. Michigan St. (06) (PH)
Olvey, Ottis N.....3231 N. Meridian St. (08) (IM)
Olvey, Stephen E.....630 College Lane (40) (Resident)
Otten, Claude F.....812 C. of C. Bldg. (04) (OM)
Overley, Ross A.....1815 N. Capitol Ave. (02) (P)
Overley, Toner M., Jr.....I.U. Medical Center (02) (P)
Owen, John E.....3266 N. Meridian St. (08) (GS)
Owens, Tracy C.....2211 A. Rome Dr. (08) (P)

P

Page, Oliver W., Jr.....3151 N. Illinois St. (08) (GS)
Palmer, Robert M.....I.U. Medical Center (02) (ORS)
Palmer, Robert W.....5398 Hillside Ave. (20) (IM)
Pantzer, John G., Jr....1815 N. Capitol Ave. (02) (PS)
Parker, George F., Jr..1502 N. Emerson Ave. (19) (PDA)
Parker, John F.....6508 E. Washington St. (19) (GP)
Parker, Portia.....2226 W. Michigan St. (22) (GP)
Parks, Herbert E.....5533 Overbrook Circle (26) (R)
Parr, Robert L.....3043 E. 38th St. (18) (PD)
Paulissen, George T...741 Markwood Ave. (27) (ANES)
Pauszek, Robert B.....6815 Creekside Lane (20) (PD)
Paz, Juan A.....6056 E. Washington St. (19) (GP)
Pearson, John S.....American United Life Ins. Co., 30 W. Fall Creek Parkway (06) (ADM)
Peck, Franklin B., Jr.
Lilly Clinic, Marion Co. General Hospital (02) (IM)
Peck, Franklin B., Sr. (S).5833 Brockton Dr. (20) (OO)
Peirce, James D.
Eli Lilly & Co., 740 S. Alabama St. (06) (OM)
Pell, Donald M.....I.U. Medical Center (02) (Resident)
Perez, Helio C.....1315 W. 10th St. (02) (P)
Petranoff, Theodore V. (S)
515 N. Tibbs Ave. (22) (GP)
Pfaff, Dudley A. (S)
3602 Central Ave., Apt. A-3, (05) (OO)
Phillips, David L.....3400 N. Meridian St. (08) (P)
Pickett, Robert D.....3524 N. Meridian St. (08) (IM)
Pierce, Raymond O., Jr.....Marion Co. General Hospital (02) (ORS)
Pilcher, Jack E....2810 Barbary Lane, Apt. B (05) (GS)
Pile, Stafford W., Jr.....1802 N. Illinois St. (02) (U)
Pittman, John N.....1815 N. Capitol Ave. (02) (CD)
Pontius, Edwin E.....Methodist Hospital (02) (PATH)
Popplewell, Arvine G.
Marion Co. General Hospital (02) (PUD)
Powell, Richard C.....I.U. Medical Center (02) (IM)
Pratt, George B. III.....9084 Dewberry Ct. (60) (R)
Predd, Florian.....3323B W. 32nd St. (22) (Intern)
Pribble, Robert H.....Community Hospital (19) (PATH)
Price, Francis W.
Eli Lilly & Co., P. O. Box 618 (06) (GP)
Price, James O.....512 Hume Mansur Bldg. (04) (GS)
Pryor, Richard C.....6111 College Ave. (20) (GP)

Q

Quigley, Joseph B.....5506 E. 16th St. (19) (OPH)

R

Rabb, Frank M.....3901 S. East St. (27) (OPH)
Raber, Robert M.....3266 N. Meridian St. (08) (PS)
Rader, George S.....1815 N. Capitol Ave. (02) (P)
Rafalski, Thomas A.....3120 N. Meridian St. (08) (IM)
Ragan, William D.....3400 N. Meridian St. (08) (OBG)
Ramage, Walter F.....5440 Shelbyville Rd. (27) (GP)
Ramirez, Efren A.....2422 Station St. (18) (GP)
Ramsey, Frank B.....1802 N. Illinois St. (02) (GS)
Rapp, George F.....508 Hume Mansur Bldg. (04) (ORS)
Rawls, George H.....3151 N. Illinois St. (08) (GS)
Ray, Carl S.....RCA Mail Location 27-138, 600 N. Sherman Dr. (01) (OM)
Reed, Thomas E.....1303 N. Arlington Ave. (19) (GP)
Rees, Russel C.....6114 E. Washington St. (19) (GP)
Reid, Charles A.....2445 Shelby St. (03) (OBG)
Reitz, Lawrence A.....340 White River Pkwy. (22) (GP)
Rice, Frederic A., Jr.....7017 Pendleton Pike (26) (GP)
Rice, Raymond D.....1010 E. 86th St. (40) (OBG)
Rice, Raymond M.....7799 E. Holliday Dr. (60) (OO)
Rice, Ronald B.....1010 E. 86th St. (40) (IM)
Rich, Richard B.....1810 E. 62nd St. (20) (OPH)
Richter, Arthur B...720 Hume Mansur Bldg. (04) (IM)
Ridolfo, Anthony S.
Lilly Clinic, Marion Co. General Hospital (02) (IM)
Riner, Jack K.....5317 E. 16th St. (18) (GS)
Ritchey, James O.....608 Hume Mansur Bldg. (04) (IM)
Ritter, Wayne L.....404 Hume Mansur Bldg. (04) (IM)
Robb, John A.....238 Hume Mansur Bldg. (04) (R)
Robbins, Lewis C.....Methodist Hospital (02) (PMR)
Roberts, Warren C.....2525 Shadeland Ave. (19) (OM)
Robinson, Earle U., Jr..2416 N. Capitol Ave. (08) (OBG)
Rochlin, Isidore.....3202 N. Meridian St. (08) (IM)
Roesch, Ryland P.....5439 Shorewood Dr. (20) (ANES)
Roeske, Nancy A....6815 N. Pennsylvania St. (20) (P)
Rogers, Donald L.....3426 N. Meridian St. (08) (PD)
Rogge, James D.....805 Cedar Ct. (24) (Resident)
Rohn, Robert J.....I.U. Medical Center (02) (IM)
Roller, Charles W. (S).....915 Hervey (03) (GP)
Romberger, Floyd T., Jr.
3400 N. Meridian St. (08) (OBG)
Rosenak, Bernard D.....1815 N. Capitol Ave. (02) (IM)
Rosenbaum, Irving, Jr.....401 E. 34th St. (05) (PD)
Rosenberg, Gabriel J.....Methodist Hospital (02) (PD)
Ross, Alexander T.....I.U. Medical Center (02) (N)
Roth, Bertram S.....6358 College Ave. (20) (PD)
Row, D. Hamilton.906 Hume Mansur Bldg. (04) (OPH)
Rowe, George A.....621 E. 48th St. (05) (Resident)
Ruddell, Karl R. (S)..3202 N. Meridian St. (08) (GS)
Ruddell, Keith R.....3202 N. Meridian St. (08) (GS)
Rudesill, Cecil L. (S)....3941 N. Delaware St. (05) (OO)
Rudesill, Robert L...405 Hume Mansur Bldg. (04) (IM)
Rusche, Herman F.....7516 Bentley Dr. (24) (IM)
Rushmore, Charles H.....240 N. Meridian St. (04) (OM)
Russell, Donald E.....2136 Boston Ct. (08) (ORS)
Russell, John R.....1815 N. Capitol Ave. (02) (NS)
Rust, Roland B.....3949 Meadows Drive (05) (IM)
Ruth, Martin L.....4304 E. Washington St. (01) (OTO)
Ryan, Glen V.....3500 Lafayette Rd. (22) (GP)

S

Sabens, James A.....5354 N. Meridian St. (08) (GP)
Sage, Russell A., Jr.....I.U. Medical Center (02) (OTO)
Sage, Russell A. (S)..1944 N. Capitol Ave. (02) (OTO)
Sanders, Harry M.....4829 E. 38th St. (18) (GP)
Saperstein, Morris.....1815 N. Capitol Ave. (02) (P)
Sappenfield, Ralph S...Methodist Hospital (02) (ANES)
Schaffer, Edward V...1815 N. Capitol Ave. (02) (ORS)
Schechter, John S.....3400 N. Meridian St. (08) (IM)
Scheier, Emil W. (S).9220 Vandergriff Rd. (39) (OO)
Schiefer, Hildegard..St. Vincent's Hospital (08) (Intern)
Schlaegel, Theodore F., Jr.
I.U. Medical Center (02) (OPH)
Schlegel, Donald M.....1815 N. Capitol Ave. (02) (GS)
Schmalhausen, Ansel W..1815 N. Capitol Ave. (02) (GS)
Schmidt, Loren F.....3266 N. Meridian St. (08) (GS)
Schmoyer, Maurice R.7338 N. Audubon Rd. (50) (PATH)
Schneider, Carl J.....1008 N. Beville Ave. (01) (GP)
Schneider, Paul A.....4829 E. 38th St. (18) (ORS)
Schnute, Richard B.....I.U. Medical Center (02) (IM)
Schroeder, James E.....7152 Johnson Rd. (50) (IM)
Schuchman, Gabriel....3620 N. Meridian St. (08) (GP)
Schuchman, Harvey A.
Marion Co. General Hospital (02) (Intern)

Schumacher, Richard R...3524 N. Meridian St. (08) (IM)
Schuster, Dwight W.....1815 N. Capitol Ave. (02) (P)
Scofield, John B.....3120 N. Meridian St. (08) (P)
Scott, George E.....4110 Roland Rd. (08) (ANES)
Scott, I. Winfield.....3400 N. Meridian St. (08) (PD)
Scott, John R.....6214 Broadway (20) (PD)
Scott, Samuel L.....6325 Guilford Ave. (20) (GS)
Seaman, Charles F.....Community Hospital (19) (IM)
Searight, John L.....1303 N. Arlington Ave. (19) (GP)
Sedam, Herbert L.....4548 College Ave. (05) (GP)
Sellmer, George W.....1221 E. 86th St. (40) (GP)
Sexson, Hiram T.....3201 N. Meridian St. (08) (GP)
Seybert, Thomas C.....5440 E. 38th St. (18) (GP)
Shafer, Marion R...614 Hume Mansur Bldg. (04) (IM)
Shanafelt, Donald K.....1802 N. Illinois St. (02) (OBG)
Shapiro, Burton J.....3620 N. Meridian St. (08) (OPH)
Shelley, Richard J.....5470 E. 16th St. (18) (OBG)
Sherster, Harry.....1135 S. Meridian St. (25) (GP)
Shipley, Edward.....1949 E. 11th St. (01) (CHP)
Shumacker, Harris B., Jr.
I. U. Medical Center (02) (CD)
Sicks, Okla W. (S).....607 E. 82nd St. (40) (OO)
Siderys, Harry.....1815 N. Capitol Ave. (02) (TS)
Siebe, Jack C.....4829 E. 38th St. (18) (GP)
Siersdorfer, Theodore N. (S)
5559 W. Morris St. (41) (GP)
Sigmond, Harvey W. 321 Hume Mansur Bldg. (04) (ORS)
Silver, Richard A.....712 Hume Mansur Bldg. (04) (R)
Simmons, James E.....I.U. Medical Center (02) (CHP)
Sims, J. Lawrence.....3949 Meadows Dr. (05) (OTO)
Slichenmyer, Jack E.....3500 Lafayette Rd. (22) (OTO)
Sluss, David H. (S).....808 C. of C. Bldg. (04) (GS)
Small, Iver F.....LaRue D. Carter Hospital (02) (P)
Smith, David L. (S)
2948 Kessler Blvd., N. Dr. (22) (OO)
Smith, E. Rogers (S)
722 Hume Mansur Bldg. (04) (P)
Smith, Francis C. (S).1102 N. Irvington Ave. (19) (OO)
Smith, Ray C.....5506 E. 16th St. (18) (GS)
Smith, Roy Lee (S)..707 Underwriters Bldg. (04) (U)
Snodgrass, Robert E.
532 Turtle Creek, N. Dr. (27) (P)
Sobat, William S.....3500 Lafayette Rd. (22) (GS)
Solomon, Reuben A. (S)
412 Hume Mansur Bldg. (04) (IM)
Soper, Hunter A.....3524 N. Meridian St. (08) (IM)
Souter, Martha C. (S)..3360 N. Meridian St. (08) (PD)
Sovine, Joe W.....504 Hume Mansur Bldg. (04) (IM)
Spahr, John F., Jr.....3400 N. Meridian St. (08) (OBG)
Spalding, Joseph J..706 Hume Mansur Bldg. (04) (OPH)
Sparks, Alan L...1024 Hume Mansur Bldg. (04) (OTO)
Spears, John M.....7046 Madison Ave. (27) (PD)
Speckman, Glenn H.....2120 E. 10th St. (01) (GP)
Spolyar, Louis W.....Indiana State Board of Health,
1330 W. Michigan St. (06) (PH)
Spurgeon, Charles H.....1481 W. 10th St. (02) (N)
Sputh, Carl B., Jr.....5506 E. 16th St. (18) (OTO)
Stadler, Harold E.....41 N. Shortridge Rd. (19) (PD)
Stansbury, William E.....5601 E. 21st St. (18) (GP)
Stayton, Chester A., Jr.
313 Hume Mansur Bldg. (04) (R)
Steger, Byron L.....5241 Marott Ct. (26) (AM)
Steinmetz, Edward F...St. Vincent's Hospital (08) (CD)
Stephens, Donald E.....1440 E. 46th St. (05) (GP)
Stephens, Kuhrman H.
501 Hume Mansur Bldg. (04) (OPH)
Stevens, Sydney L.....1802 N. Illinois St. (02) (OTO)
Stoelting, Vergil K...I.U. Medical Center (02) (ANES)
Stone, Alvin T.....6202 College Ave. (20) (GP)
Stone, David F..Eli Lilly & Co., P.O. Box 618 (06) (SR)
Storer, William R.....3266 N. Meridian St. (08) (IM)
Storey, D. Edmund.....1010 E. 86th St. (40) (IM)
Storey, Joseph L.....125-F E. 34th St. (05) (GP)
Stouder, Stephen R.
4567 Lincoln Rd. (08) (Resident)
Strang, William C.....1815 N. Capitol Ave. (02) (P)
Streeter, Ralph T.....3131 E. 38th St. (18) (OBG)
Strickland, James W.508 Hume Mansur Bldg. (04) (ORS)
Strickland, Neil R.....5506 E. 16th St. (18) (OBG)
Stucky, Elsworth K.....1349 Madison Ave. (25) (GP)
Stump, Loyd K.....3949 Meadows Dr. (05) (IM)
Stump, Thomas A.
Marion Co. General Hospital (02) (PATH)
Suelzer, John G.....1815 N. Capitol Ave. (02) (ORS)
Suess, Robert E.....2206 N. Arlington Ave. (18) (IM)
Sullivan, James J...St. Vincent's Hospital (08) (PATH)
Summerlin, Jack D.....3242 N. Meridian St. (08) (OTO)
Surratt, Mary Norris.....1010 E. 86th St. (40) (OPH)
Sutton, William E.....5807 Brockton Dr. (20) (U)
Swan, John R.....915 Hume Mansur Bldg. (04) (OTO)
Symmes, Alfred T.....1010 E. 86th St. (40) (IM)
Szynal, John S.....2811 E. 46th St. (05) (GS)

T

Talbott, Dan E.....6470 N. Michigan Rd. (68) (OO)
Tanner, Henry S...321 Hume Mansur Bldg. (04) (ORS)
Taube, Jack I.....214 Hume Mansur Bldg. (04) (OPH)
Tavel, Morton E.....1815 N. Capitol Ave. (02) (IM)
Taylor, Clifford C.....Community Hospital (19) (R)
Taylor, Frederic W.....3524 N. Meridian St. (08) (GS)
Taylor, Willis D.....Ford Motor Co.,
P.O. Box 19106 (19) (OM)
Teague, Frank W..1021 Hume Mansur Bldg. (04) (ORS)
Teixler, Victor A...818 Hume Mansur Bldg. (04) (OPH)
Test, Charles E.....1006 Hume Mansur Bldg. (04) (IM)
Teter, George V.....1221 E. 86th St. (40) (PD)
Tether, Joseph E.....510 Hume Mansur Bldg. (04) (IM)
Tharpe, Ray G.....3202 N. Meridian St. (08) (GS)
Thatcher, Hugh K., Jr.....4548 College Ave. (05) (GP)
Thoman, Rex L.....1815 N. Capitol Ave. (02) (IM)
Thomas, Charles R...9009 E. Southport Rd. (59) (OBG)
Thomas, E. Paul.....3450 N. Illinois St. (08) (GP)
Thomas, Fred A. (S)....5827 Broadway (20) (ANES)
Thomas, Lowell I.....1815 N. Capitol Ave. (02) (ORS)
Thomas, Morris E.....1802 N. Illinois St. (02) (IM)
Thompson, John V.....7899 Ridge Rd. (40) (TS)
Thompson, Joseph F.....I.U. Medical Center (02) (OBG)
Thompson, Lewis W.....I.U. Medical Center (02) (PS)
Thompson, Paul D.
423 Hume Mansur Bldg. (04) (OPH)
Thompson, Wayne H.....5470 E. 16th St. (18) (GS)
Thornton, Harold C.....301 E. 38th St. (05) (PATH)
Throop, Frank B....3266 N. Meridian, #508 (08) (ORS)
Tindall, George T.....6002 Windsor Dr. (18) (GP)
Tinsley, Frank W.....3044 Lafayette Rd. (22) (GP)
Tinsley, Walter B., Jr.Methodist Hospital (02) (Resident)
Tinsley, Walter B. (S).....654 E. 54th St. (20) (OO)
Tondra, John M.....400 Hume Mansur Bldg. (04) (PS)
Torrella, Jose A.....5324 W. 16th St. (24) (GP)
Toumey, Fred L.....1802 N. Illinois St. (02) (OTO)
Townley, Normand T. 3202 N. Meridian St. (08) (ANES)
Trudgen, Spencer F.....1010 E. 86th St. (40) (OBG)
Trusler, H. Marshall.408 Hume Mansur Bldg. (04) (PS)
Tuchman, Joseph H.....2040 E. 46th St. (05) (GP)
Tucker, Warren S...414 Hume Mansur Bldg. (04) (PUD)
Tyler, Edward A.....I.U. Medical Center (02) (CHP)
Tyner, Harlan H.....3202 N. Meridian St. (08) (OPH)

U-V

Ullom, Ralph B.....3524 N. Meridian St. (08) (IM)
Van Campen, Warren M.
3202 N. Meridian St. (08) (ANES)
Vandivier, James M...209 Hume Mansur Bldg. (04) (IM)
Vandivier, Robert M.....3720 N. Meridian St. (08) (IM)
Van Dorn, Myron J.....2165 Weslynn Dr. (08) (ANES)
Van Fleet, Josephine.....Indiana State Board of
Health, 1330 W. Michigan St. (06) (PATH)
Van Meter, C. Powell.....3419 E. 10th St. (01) (GP)
Van Tassel, Charles J., Jr.
709 Hume Mansur Bldg. (04) (U)
Van Vactor, Helen D...1815 N. Capitol Ave. (02) (IM)
Vollrath, Victor J.....5202 N. Illinois St. (08) (GP)
Von Der Haar, Gerard.....6919 E. 10th St. (19) (GP)
Vore, Robert E.....5350 Marmon Circle (26) (ANES)

W

Wagner, Virginia M. 3345 Watergate Rd. (24) (Resident)
Waife, S. O..Eli Lilly & Co., 740 S. Alabama (06) (IM)
Wainscott, Clinton S., Jr.
1303 N. Arlington Ave. (19) (ORS)

Waldo, J. Thayer (S).....3989 Meadows Dr. (05) (GS)
Walther, Joseph E.....3202 N. Meridian St. (08) (IM)
Walton, William M.....1802 N. Illinois St. (02) (U)
Ward, Wesley C.....5130 N. Meridian St. (08) (GP)
Warman, Alvah P. (S)....6613 E. 52nd Pl. (26) (OO)
Warneke, Charles H...1815 N. Capitol Ave. (02) (ORS)
Warriner, James B.....1012 N. Emerson Ave. (19) (IM)
Warvel, John H., Jr.....1010 E. 86th St. (40) (IM)
Washington, Wilbert.....5430 Grandview (08) (OPH)
Weaver, Dorothy E...3000 W. Washington St. (22) (IM)
West, Joseph L.....6714 Rockville Rd. (24) (GP)
Westfall, B. Kemper.....668 E. 38th St. (05) (GP)
Wheeler, David E.....Community Hospital (19) (R)
Wheeler, Edward C.....3500 Lafayette Rd. (22) (R)
White, Donald J.....3524 N. Meridian St. (08) (A)
White, Douglas H.....3524 N. Meridian St. (08) (IM)
White, Gene A.....5725 Roxbury Ct. (19) (GP)
White, John B., Jr.....1815 N. Capitol Ave. (02) (ORS)
Widdifield, G. E....532 Turtle Creek, N. Dr. (27) (GP)
Wilbrandt, Hans R.....5324 W. 16th St. (24) (OPH)
Wilkens, Irvin W.....1743 Shelby St. (03) (IM)
Williams, Harold W.....6000 E. 46th St. (26) (GP)
Williams, Howard S.....Community Hospital (19) (IM)
Williams, Hugh L.....4829 E. 38th St. (18) (ORS)
Williams, Paul D.....35 Meridian Lane (20) (P)
Wilson, Fred M.....I.U. Medical Center (02) (OPH)
Wirey, Harold R.....7377 S. Madison Ave. (27) (GP)
Wise, William R.....2372 Lafayette Rd. (22) (GP)
Wishard, William N., Jr..1711 N. Capitol Ave. (02) (U)
Woerner, Thomas E..620 Hume Mansur Bldg. (04) (IM)
Wolf, Harry C.....8545 Northcrest Ct. (60) (GP)
Wolfram, Don J.....3 Virginia Ave. (04) (ADM)
Wood, Donald E.....6325 Guilford Ave. (20) (IM)
Woodard, Abram S., Jr.....668 E. 38th St. (05) (GP)
Woolling, Kenneth R..230 Hume Mansur Bldg. (04) (IM)
Worley, Joseph P...5839 E. Washington St. (19) (GP)
Wray, James B.....I.U. Medical Center (02) (ORS)
Wrege, Malcolm L.....1502 N. Emerson Ave. (19) (GS)
Wright, James J...LaRue D. Carter Hospital (02) (P)
Wright, J. William, Jr.....5506 E. 16th St. (18) (OTO)
Wunsch, Charles M.....5506 E. 16th St. (18) (CD)
Wyttenbach, John E..503 Hume Mansur Bldg. (04) (GS)

Y

Yacko, Michael L.....5350 E. 38th St. (18) (ANES)
Yingling, Robert J.....Community Hospital (19) (R)
Young, John E.....4829 E. 38th St. (18) (ORS)
Young, John M.....1456 E. 46th St. (05) (U)
Young, John T.....3151 N. Illinois St. (08) (PD)

Z

Zell, Evertson H.....812 C. of C. Bldg. (04) (GS)
Zeman, Ruth E.....3400 N. Meridian St. (08) (P)
Zerfas, Phyllis K.....11702 Maze Rd. (59) (OO)
Zimmer, John F.....1221 E. 86th St. (40) (PD)

Fisher, Gerald E.
324 W. North St., Lebanon (46052) (OO)
Asher, James W.....4730 W. 72nd St., New Augusta (46268) (GP)
Sanders, Fred.....2702 Westlane, New Augusta (46268) (GP)
Browning, William M.
R. R. 1, Box 221-E, Nineveh (46164) (OO)
Cline, Donald L.....OB-GYN Dept., Base Hospital, Grissom AFB, Peru (46970) (Military)
Rudwell, George H.
2201 S. East St., Richmond (47374) (Military)
Paynter, Morris B.....59 Union St., Southport (46227) (GP)
Kay, John B.....695 Sugar Hill Dr., West Lafayette (47906) (GP)
Anderson, John T.....Dow Chemical Co., 9550 Zionsville Rd., Zionsville (46077) (OM)
Dacquisto, Michael P.....Dow Chemical Co., P. O. Box 10, Zionsville (46077) (IM)
Harvey, Verne K., Sr. (S)
R. R. 2, Box 354, Zionsville (46077) (OO)
McIntosh, John E.....Dow Chemical Co., P.O. Box 10, Zionsville (46077) (SR)

Ashwood, Edward L.....317 Bowman Dr., Woodbury, N. J. (08096) (Military)
Bruetsch, Walter L. (S).....2663 Tallant Rd., Santa Barbara, Calif. (93105) (P)
Bugh, Charles W.....207 E. Northern Lights Blvd., Anchorage, Alaska (99503) (OBG)
Close, Gerald A.....Nyadiri Methodist Centre, P. B. 636E, Rhodesia, Africa (GS)
Cullen, P. Kent, Jr.....Sansum Medical Clinic, 317 W. Pueblo St., Santa Barbara, Calif. (93102) (GS)
Daniel, John C. (S).....531-B Via Estrada, Laguna Hills, Calif. (92653) (OO)
DeArmond, Murray M., Jr.....5740 N. Vista Valverde, Tucson, Ariz. (85718) (P)
Dettmer, Robert W.....523 Cliff Pl., Homewood, Ala. (35209) (Resident)
Dirks, Kenneth R.....Research Div., U.S. Army Med. Res. & Dev. Comm., Washington, D.C. (20314) (PATH)
Everly, Stephan S.....30-310-A Cherry Dr., APO Seattle, Wash. (98742) (Military)
Ferree, Mary Mericle.....Tripler General Hosp., APO, San Francisco, Calif. (96438) (P)
Franks, Larry C.....2792 USAF Hosp., Tinker AFB, Oklahoma City, Okla. (73145) (OBG)
Franz, Sherman G.....Box 169, APO New York, N.Y. (09231) (P)
Gabe, William E. (S).....61 Heather Lane, Orindo, Calif. (94563) (OO)
Genna, Mary M.....11801 W. Indian Trail, Hale's Corners, Wis. (53130) (OO)
Gregory, Delmar R.....Loma Linda University, Loma Linda, Calif. (92354) (Resident)
Haughn, James E.....4420B Larch St., Mountain Home AFB, Mountain Home, Idaho (83648) (Military)
Henderson, Francis G.....R. R. 1, Box 259, Three Rivers, Mich. (49093) (SR)
Herod, Gilbert.....Univ. of Michigan Med. Cntr., Univ. Hospitals, Ann Arbor, Mich. (48104) (Resident)
Hurt, LaVerne B. (S).....3102 Palm Ave., Delray Beach, Fla. (33444) (OO)
Janicki, Robert S.....Abbott Laboratories, N. Chicago, Ill. (60064) (SR)
Kerner, Donald J...U.S. Naval Hosp., Guantanamo Bay, Cuba, Box 36, FPO New York (09593) (Military)
Lawler, George F. (S).....133 Edmund Dr., Long Beach, Miss. (39560) (OO)
Lawrence, Gene C.....Mather Air Force Base, Sacramento, Calif. (95655) (Military)
Lehman, Evan L.....601 Orion Dr., Colorado Springs, Colo. (80906) (Military)
Locke, Robert A...Anesthesia Dept., 130th General Hosp., APO New York (09696) (Military)
Montgomery, W. Foster.....% Bogota, State Department, Washington, D.C. (20521) (GS)
Moser, Rollin H. (S).Land O'Lakes, Wis. (54540) (OO)
Myers, Roy V. (S).....7710 Beta Circle, West Palm Beach, Fla. (33406) (OO)
Pearson, Lyman R. (S).....1881 Ridgeway Dr., Clearwater, Fla. (33515) (OO)
Reed, Philip B.....6170 Central Ave., St. Petersburg, Fla. (33707) (P)
Ricketts, Joseph W. (S).....136 Magnolia Dr., Orman Beach, Fla. (32074) (OO)
Rigg, John F. (S).....131 Gulfstream Rd., N. Palm Beach, Fla. (33403) (OO)
Robinson, Frank C. (S).....33901 Blue Lantern, Dana Point, Calif. (92629) (OO)
Rogers, Thomas P. (S).....6142 La Pintura Dr., La Jolla, Calif. (92037) (OO)
Rudolph, Stephen J., Jr.....613-B Hickam, Grand Forks AFB, N. Dakota (58203) (Military)
Rust, Byron K.....1325 Hidden Harbor Way, Sarasota, Fla. (33581) (OO)
Snider, Byron (S)....R. R. 1, Box 963, Escondido, Calif. (92025) (OO)
Stoller, Leon J.....4629 Skys Hill Rd., Nashville, Tenn. (37215) (Resident)
Thomas, Michael H.....Base Hospital, Box 275, Chanute AFB, Ill. (61866) (Military)

Trusler, Harold M. (S).....3320 Thornton Lane, Holly Oakes, Apt. J-1, Temple, Texas (76501) (PS)
Winters, Peter L.....2991 School House Lane, Philadelphia, Pa. (19144) (Resident)
Woehler, Thomas R.....265 Pennsylvania Blvd., Pittsburgh, Pa. (15228) (Intern)
Young, Don J.....3204 Brandywine Dr., Apt. 2, Augusta, Ga. (30904) (Military)
Ziperman, H. Haskell.....HQ Martin Army Hospital, Ft. Benning, Ga. (31905) (Military)

MARSHALL COUNTY

Coursey, James O., Jr.....Argos (46501) (GP)
Hampton, James N.....Argos (46501) (GP)
Swihart, John J.....Argos (46501) (PATH)
Connell, Vactor O.....Bourbon (46504) (GP)
Kemp, W. Alfred.....Bourbon (46504) (GP)

Bremen
(*Zip Code* 46506)

Bowen, Otis R.....304 N. Center St. (GP)
Burket, Cecil R.....424 W. South St. (GP)
Cripe, Earl P.....119 N. Center St. (GP)
Schreiner, John E.....201 E. Plymouth (GP)
Stine, Marshall E.....424 W. South St. (GP)

Culver
(*Zip Code* 46511)

Baker, Milan D.....Culver Military Academy (GP)
Deery, Michael F.....953 E. Shore Dr. (GP)
Faulkner, Donald J.....W. Terrace Parkway (GP)
Tennant, David.....W. Terrace Parkway (GP)

Rosero, M. George.....Kewanna (46939) (GP)

Plymouth
(*Zip Code* 46563)

France, Lloyd C.....1223 N. Center St. (GS)
Guild, John K.....116 E. Washington St. (GP)
Kubley, James D.....304 N. Walnut St. (GP)
Peterson, Ronald L.....116 E. Washington St. (GP)
Rimel, James F.....1223 N. Center St. (GS)
Robertson, James S.....304 N. Walnut St. (GP)
Stoller, Harry J.....109 N. Walnut St. (GP)
Vore, Louring W.....116 E. Washington St. (GP)

DeJesus, Jose R., Jr.
120 W. Washington St., Plymouth (46563) (IM)
Reed, Robert G., Jr.
531 N. Main St., South Bend (46601) (Resident)

MARTIN COUNTY

(See Daviess-Martin)

MIAMI COUNTY

Gaboya, Ruben R.....Bunker Hill (46914) (IM)
Crates, Gordon C.....Denver (46926) (GP)
Sixbey, Maurice D.....Denver (46926) (GP)
Sennett, William K.....Macy (46951) (GP)

Peru
(*Zip Code* 46970)

Aluning, Pastor D.....15 S. Wabash St. (GS)
Farag, Rafik S.....58 E. Third St. (GP)
Ferrara, Donald W.....18 W. Fifth St. (GS)
Ferrara, Samuel J.....18 W. Fifth St. (GS)
Guthrie, James U.....27 W. Sixth St. (GS)
Herd, Cloyd R.....15 S. Wabash St. (OO)
Hill, Lloyd L.....302 N. Duke St. (GP)
Rendel, Harold E.....302 N. Duke St. (GP)
Reyes, Diego C.....15 S. Wabash St. (GP)
Snyder, Parker W.....302 N. Duke St. (GP)

Malouf, Stephen D. (S).....P. O. Box 457, Bloomington, Ill. (61701) (GS)

MONROE COUNTY

(See Owen-Monroe)

MONTGOMERY COUNTY

Crawfordsville
(*Zip Code* 47933)

Alexander, Stephen J.....408 W. Market St. (OPH)
Bahler, Dean R.....1009 Sloan St. (GP)
Byllesby, Joyce E.....Radiology & Pathology Labs, Box 111 (PATH)
Daugherty, Fred N. (S).....120 W. Pike St. (GP)
Dodds, Wemple.....Culver Hospital (R)
Eggers, Richard R.....120 W. Pike St. (GP)
Haller, Thomas C.....411 Tinsley Ave. (GS)
Howland, Carl B.....Box 506 - Green Acres (GP)
Humphreys, John W.....312 Jones St. (GP)
Kirtley, James M.....Box 506 - Green Acres (GP)
Ludwig, Paul E.....408 W. Market St. (OPH)
Millis, Samuel C.....Box 506 - Green Acres (GP)
Peacock, Norman F.....219 Ben Hur Bldg. (OTO)
Pierson, Robert H.....305 E. Main St. (GP)
Shannon, Wesley E.....115 Ward St. (GP)
Stephens, James P.....115 Ward St. (GP)
Viray, Victoriano G.....411 Tinsley Ave. (GS)

Blix, Fred M.....Ladoga (47954) (GP)
Kindell, Hurschell D.....New Richmond (47967) (GP)
Richards, Edgar E.....Russellville (46175) (GP)
Thompson, Claude N.....Waynetown (47990) (GP)

Parker, Carl B.....Wingate (47994) (IM)

MORGAN COUNTY

Martinsville
(*Zip Code* 46151)

Brubeck, Robert E.....Sunnyside Dr. (R)
Drake, Ellery T.....P. O. Box 110 (GS)
Eisenberg, David A.....Sunnyside Dr. (GP)
Gray, Leon (S).....171 E. Washington St. (GS)
Miller, Ray D.....290 E. Washington St. (GP)
Ostheimer, George.....Sunnyside Dr. (GP)
Pitkin, McKendree C. (S)....440 Washington St. (GP)
Turner, Maurice A.....10½ N. Main St. (ANES)
Van Wienen, John.....60 W. Morgan (GP)
Willan, Horace R. (S).....109 S. Jefferson St. (GP)
Winter, William P.....1390 E. Columbus (GP)

Mooresville
(*Zip Code* 46158)

Comer, Kenneth E.....R. R. 2, Box 444 (PR)
Kendrick, William M.....130 Indiana St. (PR)
Kourany, Edgar.....320 N. Indiana St. (GP)
Kourany, Oscar.....320 N. Indiana St. (GP)
Van Bokkelen, Robert W.....320 N. Indiana St. (GP)

Wilson, Oliver R.
Box 525, Morgantown (46160) (GP)
Miller, Robert J.....Paragon (46166) (GP)

NEWTON COUNTY

Schoonveld, Arthur.....Brook (47922) (GP)
Parker, John C.....Goodland (47948) (GP)
Imperial, Benjamin E.....Kentland (47951) (GP)
Kresler, Leon E...101 N. 4th St., Kentland (47951) (GP)
Guzman, Marcelino F.....Morocco (47963) (GS)

NOBLE COUNTY

Fitzkee, William E.....Albion (46701) (GP)
Greenlee, Joseph A., Jr.....Avilla (46710) (GP)
Sneary, Max E.....Avilla (46710) (GP)

Kendallville
(*Zip Code* 46755)

Bryan, Robert E.....705 N. State St. (GP)
Hepner, Herman.....705 N. State St. (GP)
Messer, Frank W. (S).....115 E. Rush St. (GP)
Stallman, Carl F.....409 E. Wayne St. (GP)

Ligonier
(*Zip Code* 46767)

Hooker, Donald J.....104 S. Main St. (GP)
Stone, Robert C.....405 S. Cavin St. (GP)

Fipp, August L.....Rome City (46784) (OO)
Pulskamp, Bertrand H.....Wolcottville (46795) (GP)

Greenlee, James R.....1713 El Camino Rd., Apt. 8, Jacksonville, Fla. (33216) (Military)

OHIO COUNTY

(See Dearborn-Ohio)

ORANGE COUNTY

Encinas, Senen J.....English (47118) (GP)
Hagan, Marion L.....French Lick (47432) (GP)
Sugarman, Benjamin E.....French Lick (47432) (GP)
Hodgin, Phillip T.....Orleans (47452) (GP)
Schoolfield, William E.....Orleans (47452) (GP)
Clark, Ivan A.....Paoli (47454) (GP)
McCalla, Charles X.....Paoli (47454) (GP)
Spears, John K.....Paoli (47454) (GP)

OWEN-MONROE COUNTY

Bloomington
(*Zip Code* 47401)

Baxter, Neal E.....306 E. Fifth St. (IM)
Bidney, Evelyn B.....321 S. Jordan Ave. (GP)
Bomba, Brad J.....1920 E. Third St. (GP)
Booze, James H.....711 W. Second (ORS)
Borland, Raymond M. (S).....114 N. Lincoln St. (GP)
Buckingham, Richard E.....344 S. College Ave. (GP)
Byrne, Louis.....3901 E. Third St. (GP)
Campbell, William T.....314 E. Seventh St. (GP)
Cofield, Donald D.....351 S. Lincoln St. (OPH)
Creek, Jean A.....1421 Sare Rd. (GP)
Dalton, Naomi L.....2307 E. Second St. (ANES)
Ellis, Charles R.....Bloomington Hospital (PATH)
Emery, Charles B., Jr.....711 W. Second (ORS)
Estes, Ambrose C.....400 E. Third St. (GS)
Farr, James C.....405 E. Fourth St. (IM)
Fowler, R. Ross.....104 N. Grant St. (GP)
Fugelso, Erling S.....207 Heritage Rd. (GP)
Geiger, Dillon D.....115 S. Lincoln St. (OTO)
Hammer, Jay W.....1323 E. First St. (R)
Hardtke, Eldred F.....2305 E. Third St. (P)
Henry, J. Ben, Jr.....3811 Morningside Dr. (GP)
Hensley, Kevin C.....351 S. Lincoln St. (GP)
Hepner, Herman S. (S).....312 N. Walnut St. (OPH)
Hibner, Kermit Q.....117 N. Grant St. (GP)
Holland, Philip T.....406 S. College Ave. (GS)
Holtzman, Paul W.....113 S. Lincoln St. (IM)
Houshmand, Cyrus.....619 W. First St. (GS)
Howard, William F.....619 W. First St. (OBG)
Hrisomalos, Frank N.....306 E. Kirkwood Ave. (GP)
LaFollette, James W.....1920 E. Third St. (GP)
Lewis, George N.....619 W. First St. (IM)
Ley, Glen D.....400 E. Third St. (IM)
Link, William C.....314 W. First St. (GP)
Lundblad, Wilfred M.....717 W. First St. (IM)
Lyons, Robert E.....P. O. Box 278 (IM)
McClary, Charles W.....1920 E. Third St. (GP)
McIntire, Clarence R.....Bloomington Hospital (R)
McKeen, Charles L.....619 W. First St. (GS)
Manifold, Harold M.....1920 E. Third St. (GP)
Marchant, Clarence H.....350 S. College Ave. (OTO)
Mather, Glenn B.....Bloomington Hospital (PATH)
Megremis, Theodore L.....Box 1149 (R)
Middleton, Thomas O.....411 W. Howe St. (PD)
Milan, Joseph F.....711 W. Second St. (GS)
Miller, John M.....600 N. Jordan St. (ADM)
Mitchell, James.....314 E. Seventh St. (OO)
Morford, Guy.....314 E. Seventh St. (ANES)
Owens, Walter L.....411 E. Fourth St. (OBG)
Pizzo, Anthony.....Bloomington Hospital (PATH)
Poolitsan, George C.....407 N. Walnut St. (GP)
Ramsey, Hugh S.....619 E. First St. (GP)
Ratts, Larry D.....1920 E. Third St. (GP)
Ray, James A.....1805 E. 10th St. (GP)
Rieger, I. Taylor.....711 W. Second St. (U)
Robinson, Robert D.....619 W. First St. (IM)
Robison, Roger F.....619 W. First St. (IM)
Rogers, Otto F., Jr.....210 N. Washington St. (GP)
Rollins, Thomas K.....114 E. Seventh St. (GP)
Ross, Ben R. (S).....314 E. Seventh St. (GP)
Ross, James B.....314 E. Seventh St. (ANES)
Ruff, Jerard G.....1111 N. Walnut St. (PD)
Schaffer, James J.....717 W. First St. (PD)
Schell, H. Richard.....711 W. Second St. (OBG)
Schilling, Richard J.....711 W. Second St. (GS)
Schultheis, Richard L.....Maple Grove Rd. (GP)
Seagle, William C.....111 E. Ninth St. (ORS)
Shahbahrami, Farrokh.....619 W. First St. (GS)
Sibbitt, Joseph W.....115 S. Lincoln St. (OTO)
Smith, Herschel S.....P. O. Box 667 (OPH)
Spencer, Beaufort A.....110 E. 10th St. (IM)
Stangle, William J.....640 S. Rogers (R)
Stoner, Harold E.....409 E. Fourth St. (P)
Surian, Michael A.....711 W. Second St. (U)
Taraba, Ralph W.....211 E. Martha St. (IM)
Thurston, Floyd E.....600 N. Jordan St. (GP)
Topolgus, James N.....403 N. Walnut St. (GP)
Wass, Robert W.....3901 E. Third St. (D)
Way, James A.....2315 E. Third St. (OPH)
Wenzler, Paul J.....3901 E. Third St. (GP)
White, John P., Jr.....115 S. Lincoln St. (OTO)

Reed, William C. (S).....Nashville (47448) (OO)

Spencer
(*Zip Code* 47460)

Brown, Marcel S.....53 W. Market St. (GP)
Kay, Oran E. (S).....Main & Morgan Sts. (GP)
Rose, Robert E.....P.O. Box 721, Spencer Medical Clinic

PARKE-VERMILLION COUNTIES

Goodrum, William R.....Cayuga (47928) (GP)

Clinton
(*Zip Code* 47842)

Evans, Frederick J.....242 S. Third St. (GP)
Herzberg, Milton.....222 Elm St. (GP)
Montecillo, Antolin M.....257 Walnut St. (GP)
Somerville, John W.....225 Elm St. (OM)

Webb, Lawrence C.....Dana (47847) (GP)
Britton, Welbon D.....Montezuma (47862) (GP)

Rockville
(*Zip Code* 47872)

Beebe, Milton O., Jr.....110 York St. (GP)
Bloomer, Richard S.....115 N. Market St. (GP)
Dowell, Emil H. (S).....Ohio St. (GP)
Harstad, Casper (S).....216 W. High St. (GP)
Noblitt, James S. (S).....Rockville (OO)
Swaim, J. Franklin.....111 N. Market St. (GP)

Pace, Jerome V. (S)
210 N. Warman Ave., Indianapolis (46222) (OO)
Fell, Robert M.....Rosedale (47874) (GP)
Greene, Frederick G. (S).....Seelyville (47878) (OO)
Kempf, Gerald F. (S)
3512 Glaser Dr., Kettering, Ohio (45429) (OO)

PERRY COUNTY

Bush, Hargis R. (S).....Cannelton (47520) (GP)

Tell City
(*Zip Code* 47586)

Gilbert, Robert G.....Perry Co. Mem. Hosp. (R)
Lohoff, Lewis C.....507 Main St. (GP)
Neifert, Noel L.....507 Main St. (GP)

Ress, Gene E.....507 Main St. (GP)
Smith, Fred, Jr.....507 Main St. (GP)
Ward, Robert A.....507 Main St. (GP)

PIKE COUNTY

Petersburg
(*Zip Code* 47567)

Hall, Donald L.....7th & Poplar Sts. (GP)
Higgins, James L.....1104 Vincennes Ave. (GP)
Omstead, Milton.....110 S. Sixth St. (GP)

PORTER COUNTY

Rabelo, John S. Box 434, Beverly Shores (46301) (ANES)

Chesterton
(*Zip Code* 46304)

Forchetti, John A.....700 S. Calumet (GP)
Griffin, Joseph P.....419 S. Jackson Blvd. (D)
Hall, Thomas C.....621 Broadway (GP)
Harless, Clarence M. (S).....123 W. Indiana (GP)
Hull, Joel I.....616 Chestnut Blvd. (GP)
Read, John E.....700 S. Calumet (Resident)
Robertson, William C.....600 E. Morgan (ANES)
Shields, Duncan M.....R. R. 3, Box 248 (OM)
Woodward, William M.....20 Crest Dr. (IM)

Kingma, Roy E.....DeMotte (46310) (GP)
Sun, Chen T.....Hebron (46341) (GP)

Portage
(*Zip Code* 46368)

Carlson, Milton R.....14000 Central (GP)
Crise, John R.....14000 Central (GP)
Farahmand, Firouz.....2674 Portage Mall (PD)
Hoham, Frederick D.....14000 Central (GP)
Kilmer, Warren L.....2674 Portage Mall (GS)
Lands, Robert M.....14000 Central (GP)
Sturdevant, Frank M.....14000 Central (OBG)
Tetrick, Lain.....National Steel Corporation (OM)

Valparaiso
(*Zip Code* 46383)

Altuna, Raquel.....Porter Memorial Hospital (ANES)
Armalavage, Leon J.....802 LaPorte Ave. (ORS)
Beamer, Parker R...Porter Memorial Hospital (PATH)
Brown, James R.....1005 Campbell St. (U)
Covey, Thomas J.....R. 7, Box 344A (PD)
Davis, Carl M. (S).....202 Indiana Ave. (GP)
DeGrazia, Eugene J.....810 LaPorte Ave. (GS)
Dittmer, Jack E.....60 Jefferson St. (GP)
Dittmer, Thomas L.....60 Jefferson St. (GP)
Evans, Daniel R.....1101 E. Glendale Rd. (OPH)
Frank, John R. (S).....23 Lincolnway (OTO)
Gold, Marvin E.....1005 Campbell St. (Resident)
Green, Leonard J.....1005 Campbell St. (GP)
Griffin, Charles G.....1101 E. Glendale Rd. (GS)
Kimmel, Louis E.....R. R. 4, Box 190D (GS)
Kobak, Alfred J., Jr.....1101 E. Glendale Rd. (OBG)
Koenig, Robert L.....1101 E. Glendale Rd. (GP)
Lee, Robert Y.....808 Lincolnway (GP)
Makovsky, Theodore.....1005 Campbell St. (GP)
Moayad, Cyrus.....1101 E. Glendale Rd. (OTO)
Noonan, Leo C.....7 Napoleon St. (GP)
O'Neill, Martin J.....1101 E. Glendale Rd. (GP)
Pangan, Jesus F.....802 LaPorte Ave. (IM)
Pangan, Zanita S.....802 LaPorte Ave. (OBG)
Poncher, John R.....1101 E. Glendale Rd. (PD)
Scheimann, Lois.....702 Lincolnway (D)
Stoltz, Robert M.....810 LaPorte Ave. (GP)
Tufekcioglu, Erdogan.....802 LaPorte Ave. (R)
Vietzke, Paul C. F. (S).....1005 Campbell St. (GS)
Wu, Stewart.....802 LaPorte Ave. (GS)

Gordon, Joseph L. (S).....Wheeler (46393) (GP)

POSEY COUNTY

Ropp, Harold E.....New Harmony (47631) (GP)
Woods, Arba L. (S).....R. F. D. #2, Owensville (47565) (OO)
Boren, Paul R.....Poseyville (47633) (GP)

Mount Vernon
(*Zip Code* 47620)

Crist, John R.....105 E. Sixth St. (GP)
Hirsch, Herman L.....126 W. Fifth St. (GP)
Vogel, L. John.....722 Main St. (GP)

PULASKI COUNTY

Eshelman, Henry R.....Monterey (46960) (GP)

Winamac
(*Zip Code* 46996)

Halleck, Harold J.....119 W. Main St. (GP)
Heinsen, Charles E.....613 Tippecanoe Dr. (GP)
Hollenberg, Edward L.....613 Tippecanoe Dr. (GP)
Thompson, William R.....111 N. Monticello (GP)

PUTNAM COUNTY

Veach, Lester W. (S).....Bainbridge (46105) (GP)
Veach, Richard L.....Bainbridge (46105) (GP)
Ellett, John, Jr.....Coatesville (46121) (GP)
Vieira, Thomas J.....Coatesville (46121) (GP)

Greencastle
(*Zip Code* 46135)

Dettloff, Frederick R.....Alamo Bldg. (GP)
Fuson, Wenfred J.....314 Redbud Lane (GP)
Haggerty, Fred E.....409 Melrose Ave. (GP)
Hannon, Edward J.....407 Melrose Ave. (GP)
Jacobs, Rene M.....109 S. Vine St. (GP)
Johnson, James B.....105 E. Washington St. (GP)
Lett, James C.....239 Hillsdale (GS)
Marvel, Robert J.....600 N. Arlington (IM)
Nichols, Anne Sackett.....707 E. Seminary St. (GP)
Roof, Roger S.....DePauw Health Service (GP)
Schauwecker, Cleon M.....239 Hillsdale Ave. (GS)
Smith, A. Wilson.....R. R. 3, Box 111 (ADM)
Steele, Dick J.....Alamo Bldg. (GP)
Tipton, William R.....110 S. Vine St. (GP)
Wiseman, V. Earle (S).....239 Hillsdale Ave. (GS)

RANDOLPH COUNTY

Nixon, Byron (S).....Farmland (47340) (GP)
White, Harvey E.....Farmland (47340) (GP)
Jordan, Leo E.....Lynn (47355) (GP)
Shallenberger, Henry R.....Modoc (47358) (GP)
Quiambao, Hector S.....Ridgeville (47380) (OBG)

Union City
(*Zip Code* 47390)

Chambers, Carol R.....Chambers Medical Clinic (GP)
Chambers, Leroy B.....Chambers Medical Clinic (GP)
Landon, David J.....R. R. 2 (GP)
Phipps, Leland K. (S).....R. R. 1, Box 63A (GP)
Pyle, Susan K.....R. R. 2, Box 7 (GP)
Reid, Robert W. (S).....726 W. Division St. (R)
Wagoner, B. D.....Columbia and Lennox Sts. (GP)

Winchester
(*Zip Code* 47394)

Dininger, William S. (S).....303 S. Main St. (GP)
Koch, Howard W.....208 E. Washington St. (GP)
Painter, Lowell W.....124 E. Franklin St. (GP)
Slick, Crystal R.....457 Elm St. (GP)
Sparks, Paul W.....212 S. Main St. (GS)

RIPLEY COUNTY

Garcia, Manuel G.....12 Boehringer St., Batesville (47006) (GP)
Hisrich, Lloyd W.
222 Maplewood Ave., Batesville (47006) (GP)
Paras, Jose L.....Batesville (47006) (GP)
Warn, William J.....Milan (47031) (GP)

Row, George S.....Osgood (47037) (GP)
McConnell, William C.....Sunman (47041) (GP)
(33950) (OO)
Libunao, Artemio S.....Versailles (47042) (GP)
Hopkins, L. H. (S).....Versailles (47042) (OO)

RUSH COUNTY

Smith, Stephen D.....Knightstown (46148) (GP)
Sheets, Charles E.....Manilla (46150) (GP)
Worth, C. Willard.....Milroy (46156) (GP)

Rushville
(*Zip Code* 46173)

Atkins, Clarence C. (S).....225 N. Morgan St. (OTO)
Corpe, Kenneth F.....R. R. #4 (GS)
Dean, Donald I.....Fourth & Main (OPH)
Ellis, Davis W., Jr.....E. 11th St. (GP)
Green, Frank H., Jr.....134 E. Second St. (GP)
Lee, John M. (S).....914 N. Morgan St. (OO)
McKee, Harry G.....208 W. First St. (GP)
Norris, Marvin G.....134 E. Second St. (GP)
Nutter, Wyndham H.....1003 N. Morgan (GP)

ST. JOSEPH COUNTY

Hartsough, Ralph I.....Lakeville (46536) (GP)

Mishawaka
(*Zip Code* 46544)

Barone, Carmelo V.....307 W. Fourth St. (GP)
Christophel, Verna A.....109 W. Third St. (OBG)
Gabriel, Magdi.....303 S. Main St. (ORS)
Ganser, Richard A.....111 S. Race St. (GP)
Gerig, Eldon L.....303 S. Main St. (GS)
Lester, Vern L.....303 S. Main St. (R)
Macri, Paul A.....116½ W. Third St. (GP)
Mahank, Camiel C.....303 S. Main St. (OBG)
Orr, W. Robert.....12388 E. Jefferson Rd. (ORS)
Rabasa, Rafael.....303 S. Main St. (GP)
Reed, Robert F.....1316 Lincoln Way E. (GP)
Rosenwasser, Jacob.....225 Lincoln Way E. (IM)
Schaphorst, Richard A.....612 N. Main St. (GP)
Schlossberg, Victor E., Jr.....301 W. Fourth St. (IM)
Sellers, Francis M.....303 S. Main St. (GP)
Spalding, David L.....427 Lincoln Way E. (GP)
Spalding, Wendell L.....427 Lincoln Way E. (GP)
Stringer, Drennon D.....303 S. Main St. (IM)
Templeton, Ames R.....516 Clay St. (ANES)
Tirman, Wallace S.....15640 Winding Brook Dr. (R)
Walters, Charles E.....319 S. Spring St. (GS)
Whitlock, Merle E.....303 S. Main St. (GS)
Wilson, Douglas J.....303 S. Main St. (OBG)
Wurster, Herbert C.....221 E. Third St. (OTO)

Luzadder, John E.
105 W. Michigan St., New Carlisle (46552) (GP)
Charles, Sara C.....Univ. of Notre Dame, Notre Dame (46556) (P)
Warrick, Homer L.....106 Lincolnway W., Osceola (46561) (GP)

South Bend
(*Zip Code* 466 *plus zone number*).

B

Backs, Alton J.....1831 N. Kessler Blvd. (16) (GP)
Baran, Charles.....404 Sherland Bldg. (1) (NS)
Bartsch, Harvey L.
919 E. Jefferson Blvd., #102 (22) (U)
Beach, Norman F.....919 E. Jefferson Blvd., #107 (22) (R)
Bechtold, S. E.
919 E. Jefferson Blvd., #302 (22) (OBG)
Bell, Horace D.....420 N. Hill St. (17) (GP)
Bennett, Jene R.....531 N. Main St. (1) (PATH)
Berke, Robert D.....1118 Lincoln Way E. (18) (A)
Biasini, Benedict A.....403 Dixie Way, N. (37) (GP)
Bickel, David A. (S).....1335 E. Wayne St. (15) (OBG)
Birmingham, Peter J. (S)
61490 Meadowlark Lane (14) (GS)
Bixler, Louis C.
919 E. Jefferson Blvd., #207 (22) (R)
Bodnar, Leslie M.....328 N. Michigan (1) (ORS)
Bogan, William C.....3209 Mishawaka Ave. (15) (GP)
Booth, Franklin M.....430 Sherland Bldg. (1) (PS)
Borough, Lester D.....710 J. M. S. Bldg. (1) (P)
Brechtl, Harvey J.
919 E. Jefferson Blvd., #104 (22) (GP)
Buchanan, Wallace D.
919 E. Jefferson Blvd., #107 (22) (R)
Buechner, Frederick W.
116 N. Main St., #261 (1) (GP)
Buslee, Roger M.....531 N. Main St. (1) (PATH)
Bussard, Frank W.....722 E. Colfax Ave. (17) (GP)
Butts, Milton A.....118 N. Walnut St. (28) (GP)

C

Carter, F. R. Nicholas (S)
2000 E. Jefferson Blvd. (17) (GP)
Cassady, James V. (S)...815 Sherland Bldg. (1) (OPH)
Cassady, John R.....815 Sherland Bldg. (1) (OPH)
Chamberlain, Donald S.....919 E. Jefferson Blvd., #207 (22) (R)
Clark, William H.....520 Sherland Bldg. (1) (OTO)
Colip, George D.....260 David St. (37) (OBG)
Cook, Gordon C.....719 N. Main St. (1) (OBG)
Cox, Alfred C.....51916 U. S. 31 N. (37) (GP)

D

Davis, Edward A.....3014 Ardmore Trail (28) (GP)
Denham, Robert H.....919 E. Jefferson Blvd., #204 (22) (ORS)
Devetski, Robert L.....514 Sherland Bldg. (1) (IM)
DeVoe, Kenneth Roy..604 N. Michigan St. (1) (ANES)
Dietl, Ernest L.....820 Sherland Bldg. (1) (OTO)
Dingley, Albert F.
919 E. Jefferson Blvd., #204 (22) (ORS)
Dodd, Robert D.....2311 N. Miami St. (14) (GP)
Dolezal, Bernard J.....115 S. Eddy St. (17) (GP)
Donnelly, Everett F...622 N. Michigan St. (1) (ANES)
Dunlap, D. Logan.....523 J.M.S. Bldg. (1) (IM)

E

Eades, R. Charles.....914 E. Jefferson Blvd. (17) (P)
Edwards, Bernard E.....1134 Ridgedale Rd. (14) (GP)
Egan, Sherman L.....523 J.M.S. Bldg. (1) (IM)
Engel, Howard R.
919 E. Jefferson Blvd., #403 (22) (IM)
English, John Paul.....211 N. Eddy (17) (IM)
Ericksen, Lester G. (S)
919 E. Jefferson Blvd., #207 (22) (R)
Erickson, Gustaf W.....211 N. Eddy (17) (PD)

F

Fawcett, Kenneth J.....531 N. Main St. (1) (PATH)
Feferman, Martin E.
919 E. Jefferson Blvd., #407 (22) (NS)
Feldman, Max.....1921 Miami St. (13) (GP)
Filipek, Walter J.....311 Odd Fellows Bldg. (1) (GP)
Firestein, Ben Z..919 E. Jefferson Blvd., #307 (22) (D)
Firestein, Ray.....416 Sherland Bldg. (1) (IM)
Fish, Edson C.....414 Sherland Bldg. (1) (ANES)
Foley, Hansel O.....704 N. Main St. (1) (GP)
Forrest, O. Norman, Jr...912 E. LaSalle Ave. (17) (OBG)
Frank, Herbert.919 E. Jefferson Blvd., #202 (22) (IM)
Frank, Lyall L., Jr.....224 W. Navarre St. (1) (GP)
Frank, Lyall L. (S).....224 W. Navarre St. (1) (GP)
Frash, DeVon W., Jr.....1910 Miami St. (13) (GP)
Frey, William B.....316 N. Ironwood Dr. (15) (PD)
Friedman, Morris S.
919 E. Jefferson Blvd., #402 (22) (ORS)
Frith, Louis G.....521 W. Washington Ave. (1) (GP)

G

Gaffney, Raymond.....535 W. Colfax Ave. (1) (ORS)
Ganser, Ralph V.....302 Sherland Bldg. (1) (OTO)
Gates, George E.....211 N. Eddy (17) (IM)
Gilman, Marcus M. (S).401 Odd Fellows Bldg. (1) (GP)
Godersky, George E.....912 E. LaSalle Ave. (17) (OBG)
Godersky, Lois G.....912 E. LaSalle Ave. (17) (PATH)

Graf, John Paul.....414 Sherland Bldg. (1) (ANES)
Green, G. Richard.....822 Sherland Bldg. (1) (GS)
Green, George F.....822 Sherland Bldg. (1) (GS)
Green, Norval E.....704 N. Main St. (1) (U)
Grillo, Donald.....226 Sherland Bldg. (1) (PR)
Grorud, Alton C..919 E. Jefferson Blvd., #401 (22) (IM)

H

Haley, George M.....424 Sherland Bldg. (1) (U)
Haley, Paul E.....816 Sherland Bldg. (1) (GS)
Hall, James M.....914 E. Jefferson Blvd. (17) (OPH)
Hamilton, Charles O...527 N. Michigan St. (1) (ANES)
Harris, C. Glenn.....527 W. Colfax Ave. (1) (P)
Haugseth, Ellsworth K..820 N. Ironwood Dr. (17) (ORS)
Hawkins, Glen E.....622 N. Michigan St. (1) (ANES)
Helmer, John F.....826 Sherland Bldg. (1) (GS)
Hilbert, John W. (S)
61600 Brightwood Lane (14) (OO)
Hildebrand, John O., Jr..1307 E. Ewing Ave. (13) (GP)
Hill, Wallace C.
919 E. Jefferson Blvd., #306 (22) (GS)
Holdeman, Lillian S.....635 S. Main St. (23) (OO)
Holdeman, Richard W..404 N. Lafayette Blvd. (1) (IM)
Holloway, Richard J.....211 N. Eddy (17) (U)
Holtzman, Norman N.....1621 Hoover Ave. (15) (GP)
Horvath, George A.....211 N. Eddy (17) (PD)
Houser, D. Stanley.....719 N. Main St. (1) (OBG)
How, Louis E.....1419 S. Michigan St. (13) (GP)
Hyde, Carroll C. (S).....211 N. Eddy (17) (U)

J-K

Jankowski, Ernest B...411 S. Sheridan Ave. (19) (GP)
Johns, Nicholas C.....818 Sherland Bldg. (1) (GP)
Karn, John W.....414 Sherland Bldg. (1) (ANES)
Keenan, Patrick J.....211 N. Eddy (17) (N)
Kieffer, William J.....919 E. Jefferson Blvd. (22) (R)
Knode, Kenneth T. (S)....729 Sherland Bldg. (1) (PD)
Krizman, David J.....1226 Portage Ave. (16) (ORS)
Krueger, John E.....414 Sherland Bldg. (1) (ANES)
Kuhn, Frederick L.....1215 S. Michigan St. (18) (GP)

L

Lamb, J. Leonard.....825 Sherland Bldg. (1) (OBG)
Lane, William H.....604 N. Michigan St. (1) (ANES)
Levatin, Bernard I.
919 E. Jefferson Blvd., #303 (22) (U)
Lionberger, John R.
919 E. Jefferson Blvd., #207 (22) (R)
Liss, Emanuel C.....119 S. Eddy St. (17) (D)
Lockhart, Philip B.
919 E. Jefferson Blvd., #107 (22) (R)

M

MacDonell, Eldred H.....211 N. Eddy (17) (IM)
MacLeod, John K...919 E. Jefferson Blvd. (22) (OBG)
McCraley, William J.....218 S. Francis (37) (GP)
McFarland, Corley B.....211 N. Eddy (17) (OPH)
McMeel, James.....1138 Whitehall Dr. (15) (OM)
McQuade, John A.....1522 Portage Ave. (16) (GP)
Macias, Rafael.....526 Sherland Bldg. (1) (TS)
Magnuson, Charles W.....211 N. Eddy (17) (GE)
Marquis, Gordon.....211 N. Eddy (17) (OTO)
Martin, Charles F.....1438 Ridgedale Rd. (14) (IM)
Mason, Bernard A.....211 N. Eddy (17) (IM)
Mauzy, Merritt C.....216 Sherland Bldg. (1) (PS)
Metcalfe, Grant E.
919 E. Jefferson Blvd., #308 (22) (P)
Mott, Cassell A. (S)....2733 Lincoln Way W. (28) (GP)
Mueller, Hilbert M.....211 N. Eddy (17) (D)
Murphy, Josephine F.....111 W. Bartlett St. (1) (GP)
Myers, Philip R.....1002 Lincoln Way W. (16) (GP)

N-O

Neher, John L.....17615 State Rd. #23 (35) (GP)
Nelson, F. Dale.....704 N. Main St. (1) (GP)
Nelson, Raymond E.....206 E. Bartlett St. (1) (GP)
Nelson, Robert.....206 E. Bartlett St. (1) (GP)
Odrcic, Kazimir.....211 N. Eddy (17) (OPH)
Olson, Donald T..919 E. Jefferson Blvd., #309 (22) (IM)
Olson, Kenneth L...919 E. Jefferson Blvd., #207 (22) (R)
O'Malley, Patrick F.....525 Sherland Bldg. (1) (OPH)
Oren, William F.....1149 Belmont Ave. (15) (GS)

P

Parsons, Robert.....919 E. Jefferson Blvd. (22) (ORS)
Pascuzzi, Chris A.....531 N. Main St. (1) (PATH)
Pauszek, Thomas B. (S)
704 W. Washington St. (1) (OBG)
Petrass, Andrew (S).....516 Sherland Bldg. (1) (GP)
Phelps, Stephen R.....808 Sherland Bldg. (1) (D)
Plain, George B.....211 N. Eddy (17) (GS)
Plain, George Leroy.....211 N. Eddy (17) (IM)
Proudfit, Charles H.
919 E. Jefferson Blvd., #304 (22) (OBG)
Pyle, Harold D.....119 S. Eddy St. (17) (PD)

R

Rasmussen, Ruth F.....211 N. Eddy (17) (PATH)
Rice, Katherine K.....919 E. Jefferson Blvd., #206 (22) (P)
Richards, Dean.....3123 S. Michigan St. (14) (GP)
Rigaux, Armand J.....316 N. Ironwood Dr. (15) (GP)
Roberts, Billy J.....3123 Mishawaka Ave. (15) (GP)
Rosenheimer, George M. (S)
604 N. Michigan St. (1) (ANES)
Rubens, Eli.....2314 Miami (14) (PD)
Rudolph, Carl J.....110 W. Bartlett St. (1) (OPH)

S

Sanderson, Robert B.....730 Sherland Bldg. (1) (CD)
Sandock, Louis F.....503 Sherland Bldg. (1) (IM)
Sandoz, Harry H. (S)..612 Odd Fellows Bldg. (1) (GP)
Saucelo, Bart M.....1401 Lincoln Way W. (28) (GP)
Schiller, Herbert A.
919 E. Jefferson Blvd., #205 (22) (OBG)
Scott, Frank M.....211 N. Eddy (17) (GS)
Sharp, Merle C.....912 E. LaSalle Ave. (17) (OBG)
Shelley, Edward S.....207 S. Taylor St. (25) (GP)
Shriber, William H.....211 N. Eddy (17) (OBG)
Shriner, Richard Lee
919 E. Jefferson Blvd., #308 (22) (P)
Sisson, Norvel D.....531 N. Main St. (1) (PATH)
Skillern, Scott D.....422 Sherland Bldg. (1) (D)
Slominski, Harry H. (S)
708 Odd Fellows Bldg. (1) (GP)
Sobol, Zbigniew W.....328 N. Michigan St. (1) (ORS)
Speybroeck, Robert C.....1314 Kessler Pl. (16) (PD)
Staunton, Henry A.....3016 Mishawaka Ave. (15) (GP)
Stiver, Daniel D.....822 Sherland Bldg. (1) (GS)
Stogdill, William J.....318 Sherland Bldg. (1) (GP)
Stratigos, Joseph S.....527 N. Lafayette Blvd. (1) (GP)
Sweeney, Robert M.....211 N. Eddy (17) (PD)

T

Thompson, John M.....305 Sherland Bldg. (1) (OPH)
Thompson, Robert A.
913 S. Twyckenham Dr. (15) (GP)
Thornton, Maurice J. (S)..125 W. Marion St. (1) (OO)
Troeger, Thomas A.....211 N. Eddy (17) (IM)
Troyer, Marlin L.....328 N. Michigan St. (1) (ORS)
Tutunji, Nermin D...919 E. Jefferson Blvd. (22) (TS)

U-V-W-X-Y-Z

Urruti, Arnoldo H.....420 J.M.S. Building (1) (P)
Vagner, S. Bernard....2201 Lincoln Way W. (28) (GP)
VanFleit, William E.
919 E. Jefferson Blvd., #407 (22) (TS)
Wack, James E.....530 W. Indiana Ave. (13) (GP)
Walker, Edwin M., Jr. 501 N. Ironwood Dr. (15) (ANES)
Ward, James W.....325 Wakewa (17) (ANES)
Weiss, Eugene.....919 E. Jefferson Blvd. (22) (IM)
White, Donald G.....1815 Ireland Rd. (14) (GP)
Wilhelm, Agatha M..1032 E. Wayne at Eddy (17) (IM)
Wilson, James M.....919 E. Jefferson Blvd. (22) (GS)
Wind, Joseph L.....919 E. Jefferson Blvd. (22) (R)
Wixted, John F. (S)
919 E. Jefferson Blvd., #1 (22) (OPH)

Wixted, Julia L...919 E. Jefferson Blvd., #1 (22) (OPH)
Zeiger, Irvin L.....3123 Mishawaka Ave. (15) (GP)

Fenstermacher, Robert E.....506 Michigan St., Walkerton (46574) (GP)
Rohrer, Byrce B.....506 Michigan St., Walkerton (46574) (GP)
Hillman, Marion W.....1728 Little Point Circle, Sarasota, Fla. (33581) (OO)
Cline, Kenneth L.....Box 57, Wyatt (46595) (GP)

Bassler, Carl R. (S).....R. R. #4, Niles, Mich. (49120) (OO)
Farner, James E.....2020 E. 93rd St., Cleveland, Ohio (44106) (GP)
Fish, Clyde M. (S) R. R. #2, Edwardsburg, Mich. (49112) (OO)
Rea, Thomas J.....Edwardsburg, Mich. (49112) (GP)
Spenner, Raymond W. (S).....Rt. 3, Diamond Lake, Cassopolis, Mich. (49031) (IM)

SCOTT COUNTY

Bogardus, Carl R.....61 Main St., Austin (47102) (GP)
Roberto, Benjamin V. 378 W. Main St., Austin (47102) (GP)

Scottsburg
(*Zip Code* 47170)

Bacala, Jesus.....69 Wardell St. (GP)
Castro, Ignacio B., Jr.....685 Wanda St. (GS)
McClain, Marvin L.....935 First St. (GP)
Neathamer, Thomas A...N. Gardner & White Sts. (GP)

SHELBY COUNTY

Richard, Norman F. R. R. 5, Box 32, Crooked Lake, Angola (46703) (GS)
Davis, John A.....Flat Rock (47234) (GP)
Newhouse, Margaret L.....Morristown (46161) (GP)

Shelbyville
(*Zip Code* 46176)

Arata, Lucian A.....428 W. Hendricks St. (GP)
Dalton, Wilson L.....117 W. Washington St. (GP)
Deupree, William D.....23 W. Hendricks St. (PD)
Gehres, Robert W. (S).....15 S. Tompkins (GP)
Green, William L.....103 W. Washington St. (GS)
Inlow, Paul M.....103 W. Washington St. (R)
Inlow, Robert P.....103 W. Washington St. (GS)
Inlow, William D. (S).....1100 Spring Hill Rd. (GS)
Miller, Richard C.....17 W. Mechanic St. (GP)
Moheban, Joseph.....120 W. Jackson St. (GP)
Scott, V. Brown.....103 W. Washington St. (IM)
Silbert, David B.....17 S. Tompkins (GP)
Spindler, Robert D.....165 W. Mechanic St. (OTO)
Tindall, William R.....505 S. Harrison St. (GP)
Tower, James H., Jr.....124 W. Franklin St. (GP)
Whitcomb, Roger F.....120 W. Jackson St. (GP)

SPENCER COUNTY

Jolly, Wesley P. (S).....Richland (47634) (GP)
Glackman, John C., Jr. 6th and Main Sts., Rockport (47635) (GP)
Monar, Michael.....6th and Main Sts., Rockport (47635) (GP)

STARKE COUNTY

Leinbach, Earl R.....Hamlet (46532) (GP)

Knox
(*Zip Code* 46534)

DeNaut, James F.....4 N. Heaton St. (GP)
Henry, Howard J.....107 S. Main St. (GP)
Ingwell, Guy B.....201 S. Heaton St. (GP)
McClure, Clark.....107 S. Main St. (GP)
Matthew, John R.....317 Carlson Dr. (P)
Palmer, W. Allen.....107 S. Main St. (GP)

STEUBEN COUNTY

Angola
(*Zip Code* 46703)

Artz, Richard W.....416 E. Maumee (GS)
Barton, Robert.....416 E. Maumee (GP)
Cameron, Don F. (S).....416 E. Maumee (GS)
Crum, Marion M.....301 E. Maumee (GP)
Davis, Claude E.....1109 W. Maumee (GS)
Hartman, John J.....909 W. Maumee (GS)
Kissinger, Knight L.....411 E. Gilmore (GP)
Mason, Donald G.....112 S. Wayne St. (GP)
Rausch, Norman W.....416 E. Maumee (GP)

Schrepferman, Wayne.....Hamilton (46742) (GP)

Yocum, Paul S., Sr.....4826 Alhambra Circle, Coral Gables, Fla. (33146) (OO)

SULLIVAN COUNTY

Brown, John S. (S).....Carlisle (47838) (GP)
Dukes, Betty.....Dugger (47848) (GP)
Dukes, Joe.....Dugger (47848) (GP)
Bethea, Robert O.....Farmersburg (47850) (GP)
Hernandez, Antonio.....Shelburn (47879) (GP)

Sullivan
(*Zip Code* 47882)

Bedwell, Marion H. (S).....16 N. Court St. (GP)
Crowder, James H.....112 N. Section St. (GS)
Dunn, Latimer E.....117 W. Washington St. (PATH)
Eskew, Kenneth W.....117 W. Washington St. (GP)
McClure, Glen.....777 N. Wolfenberger (GS)
Maple, James B. (S).....116 S. Section St. (OO)
Scott, Irvin H.....117 W. Washington St. (GS)

Taylor, John R.....105 N. Main, Palestine, Ill. (62451) (GP)

SWITZERLAND COUNTY

(See Jefferson-Switzerland)

TIPPECANOE COUNTY

Derhammer, George L.....Brookston (47923) (GP)
Gish, Howard M.....Brookston (47923) (GP)
Dublin, Madeline P.....Francesville (47946) (GP)
Ault, Carl H...3015 Dellwood Dr., Kokomo (46901) (GP)

Lafayette
(*Zip Code* 47904 *unless otherwise indicated.*)

Ade, Charles H.....2211 South St. (OTO)
Ade, Mary Keller.....2211 South St. (OBG)
Arvin, Delano Z.....2600 Greenbush St. (R)
Auckley, James L.....2600 Greenbush St. (IM)
Balkema, Catherine M.....3 N. 18th St. (GP)
Bayley, William E.....303 S. Ninth St. (47901) (OO)
Beuerman, V. A.....2600 Greenbush St. (OPH)
Bolin, Robert C.....2600 Greenbush St. (IM)
Bridge, Barton C.....Jefferson Square (47905) (GP)
Buhrmester, Harry C.....2600 Greenbush St. (IM)
Burns, John T.....5 N. 25th St. (PD)
Bush, Jack A.....405 Life Bldg. (47901) (ANES)
Calvert, Raymond R. (S).....314 N. Sixth St. (47901) (OTO)
Carpenter, James B.....49 N. 26th St. (GP)
Cartwright, Glen W.....2600 Greenbush St. (PD)
Cole, Ira (S).....2315 South St. (OBG)
Coyner, Alfred B. (S)....509 Life Bldg. (47901) (GP)
Davis, Grayson B.....2500 Ferry St. (GP)
Davis, Howard B.....2600 Greenbush St. (U)
Deur, Julius J.....1011 Columbia (IM)
Donahue, George R.....718 Life Bldg. (47901) (GS)
DuBois, Ramon B.....324 N. 25th St. (GP)
Eaton, Marion J.....214 Life Bldg. (47901) (U)
Elliott, Paul W.....St. Elizabeth Hospital (PATH)
Engeler, James E.....2600 Greenbush St. (D)
Evans, David L.....2424 Ferry St. (P)
Ferguson, William B.....2525 South St. (ORS)
Fields, Don C.....2600 Greenbush St. (GS)
Foster, John A.....St. Elizabeth Hospital (PATH)

Fox, Richard F.....2600 Greenbush St. (R)
Frasch, Mahlon G.....300 Life Bldg. (47901) (GP)
Frey, Harley H., Jr.....405 Life Bldg. (47901) (ANES)
Fritch, John M.....701 S. 21st St. (47905) (OPH)
Gery, Richard E.....2600 Greenbush St. (GS)
Gripe, Richard P.....2600 Greenbush St. (IM)
Haas, Charles F.....2211 South St. (D)
Hannemann, Robert E.....2600 Greenbush St. (PD)
Harter, Eli B.....2600 Greenbush St. (R)
Harvey, Bennett B.....2500 Ferry St. (PATH)
Heid, George J., Jr.....2500 Ferry St. (PATH)
Herrold, George W.....2 N. 26th St. (GP)
Horswell, Richard R.....2600 Greenbush St. (IM)
Hughes, Anson F.....2400 Ferry St. (OBG)
Hughes, Richard R.....1000 N. 14th St. (GS)
Hull, James E.....2211 South St. (GS)
Hunsberger, Walter G.....2600 Greenbush St. (R)
Hunter, Frank P. (S)..617 Life Bldg. (47901) (PATH)
Johnson, Herbert S.....2600 Greenbush St. (GS)
Karberg, Richard J.....2400 Ferry St. (OBG)
Kelley, Jack L.....2600 Greenbush St. (GS)
Keplinger, James E.....1501 Hartford St. (NS)
Klatch, Ben Z.....2211 South St. (IM)
Klepinger, Harry E.....724 Life Bldg. (47901) (GP)
Kohne, Robert W.....3010 Underwood (GP)
Kuipers, Fred M.....2600 Greenbush St. (IM)
Lempke, Lloyd W.....2525 South St. (ORS)
Lind, Jaap J.....2600 Greenbush St. (ORS)
Loop, Frederick A.....2420 Ferry St. (GS)
McAdams, Robert.....2011 Kossuth St. (47905) (GP)
McFadden, James M.....2500 Ferry St. (PATH)
McKinley, Joseph.....312 Life Bldg. (47901) (U)
McPherson, Richard C.....2600 Greenbush St. (GS)
Marsh, George W.....1216 Howell (GP)
Marvel, Howard R.....2600 Greenbush St. (IM)
Mather, Charles R.....2600 Greenbush St. (OBG)
Mather, Robert L.
805 Purdue Nat'l. Bank Bldg. (47901) (OPH)
Mentzer, William G.....2400 Ferry St. (OBG)
Miller, Albert J.....2500 Ferry St. (PATH)
Miller, Roland E.....2200 Scott St. (PD)
Miller, William J.....2600 Greenbush St. (R)
Mount, William M.....20 N. 24th St. (IM)
Neumann, Kenneth O.....300 Main St., Room 618-20 (47901) (GP)
Onorato, Joseph J.....2433 S. Ninth St. (47905) (IM)
Patterson, Richard G.....2600 Greenbush St. (OBG)
Peyton, Frank W.....2400 Ferry St. (OBG)
Pickerill, James M.....301 Life Bldg. (47901) (GP)
Ralston, Marc A.....2600 Greenbush St. (OPH)
Ramsey, George F.....2600 Greenbush St. (IM)
Randall, Thomas A.....Home Hospital (PATH)
Ratcliff, Frank W.....405 Life Bldg. (47901) (ANES)
Raymond, James R.....2600 Greenbush St. (OTO)
Riggs, Wendell A.....2600 Greenbush St. (PD)
Rothrock, Philip W.....2200 Scott St. (IM)
Ruschli, Edward B. (S)..510 Life Bldg. (47901) (GS)
Rutherford, Charles E.....2315 South St. (GS)
Scheeres, Jacob W.....2302 Kossuth (47905) (GS)
Sherman, David E.....2424 Ferry St. (OBG)
Shively, John L.....2525 South St. (ORS)
Sholty, William M.....405 Life Bldg. (47901) (ANES)
Smith, Lowell C.....637 Ferry St. (47901) (GP)
Stahl, Edward T.....2600 Greenbush St. (ORS)
Steele, Hugh H.....2600 Greenbush St. (GE)
Strayer, Joseph W.....612 Life Bldg. (47901) (PUD)
Stuntz, Edgar C.....Wabash Valley Hospital (P)
Tillema, David A.....2211 South St. (ORS)
Trout, Carl J.....314 N. Sixth St. (47901) (OTO)
Trout, David J.....314 N. Sixth St. (47901) (OTO)
Tubbs, George R. (S).2502 Iroquois Trail (47905) (OO)
Underwood, George M...Jefferson Square (46905) (GP)
Van Buskirk, Edmund L.....2600 Greenbush St. (OTO)
Van Den Bosch, Wallace R.....33 N. 22nd St. (P)
Vermilya, Robert W.....405 Life Bldg. (47901) (ANES)
Wagner, Anabel.....405 Life Bldg. (47901) (ANES)
Wagner, Lindley.....2424 Ferry St. (IM)
Waits, Chester L.....49 N. 26th St. (GP)
Webster, Paul L.....2600 Greenbush St. (R)
Weida, Jerry M.....301-5 Life Bldg. (46901) (GP)
Weller, Wendell A.....2600 Greenbush St. (OTO)
Wong, Norman F.....15 N. 25th St. (GP)

Peterson, Joel A. (S).R. R. 5, Monticello (47960) (OTO)
Crouse, Ben E.....Mulberry (46058) (GP)
Hebard, Harold G., Jr.....Mulberry (46058) (GP)
Babb, Forrest J.....Stockwell (47983) (GP)

Flack, Russell A.....20924 Ave., San Luis, Woodland Hills, Calif. (91364) (OO)
Landis, Charles B.....R. 1, Box 85, Burton, Wash. (98013) (OPH)
McKinney, Daniel H.....801 S. 52nd St., Apt. 811, Omaha, Neb. (68106) (OO)

West Lafayette
(*Zip Code* 47906)

Baker, John R.....2321 Carmel Dr. (ANES)
Brady, Kingdon.....612 Terry Lane (PATH)
Carpenter, Robert S.....207 North St. (GP)

Carroll, Bertha Rose.....1125 Glenway (OO)
Fitzgerald, Brice E.....Purdue Health Center (OTO)
Hass, Caroline E.....316 N. Salisbury St. (GP)
Hass, Thomas W.....316 N. Salisbury St. (OBG)
Heasty, Alfred R.....Purdue Health Center (P)
Hunter, Dean M.....316 N. Salisbury St. (OBG)
Jones, David M.....Purdue Health Center (PD)
McAdams, Hugh B.....Purdue Health Center (GP)
Ricchetti, Warren F.....874 Rose St. (PATH)
Roggenkamp, Milton W.....144 Arrowhead Dr. (PATH)
Rommel, Clarence H.....456 Northwestern (GS)
Russell, Henry T.....746 Northridge (PATH)
Schmiedicke, Paul H.....Purdue University (IM)
Spurlock, Fae H.....Purdue Health Center (P)
Van Kirk, John R.....2496 Sycamore Lane (GP)
Walker, Robert M.....2601 Soldiers Home Rd., Apt. 24 (GP)
Yegerlehner, Roscoe S.....118 Juniper Ct. (GP)
Martin, Joe M.....Zumbro Valley Mental Health Centr., 2100 E. Center St., Rochester, Minn. (55901) (P)

TIPTON COUNTY

Haller, Robert L.....Kempton (46049) (GP)
Stouder, Albert E.....Kempton (46049) (GP)

Tipton
(*Zip Code* 46072)

Burkhardt, Boyd A.....202 S. West St. (GS)
Carter, Jean V. (S).....130 N. Main St. (GP)
Compton, George L.....219 N. Independence (GP)
Gossard, Meredith B.....308 N. Independence (GP)
Kincaid, Raymond K.....202 S. West St. (GP)
Kurtz, William A.....202 S. West St. (GP)

Ericson, Harold L.....Windfall (46076) (GP)
Moser, Elmer B. (S).....Windfall (46076) (GP)
Tranter, William F.....2337 Flora Ave., Ft. Myers, Fla. (33901) (OO)

UNION COUNTY

(See Wayne-Union)

VANDERBURGH COUNTY

Evansville
(*Zip Code* 477 *plus zone number.*)

Acre, Robert R. (S).....3700 Bellemeade (15) (U)
Adye, Wallace M., Jr..1307 N. Stringtown Rd. (11) (GP)
Alexander, John E...2895 Washington Ave. (14) (OPH)
Allen, William H.....715 First Ave. (10) (NS)
Anderson, Milton H.....800 Plaza Dr. (15) (P)
Antes, Earl H.....420 Cherry St. (13) (IM)
Arendell, Robert E.....1666 S. Lodge Ave. (14) (GP)
Austin, Eugene W.....3700 Bellemeade (15) (PD)

B

Baker, Herman M. (S).....715 First Ave. (10) (IM)
Baker, Mason R.....1008 S. Evans Ave. (13) (GP)
Baker, Sam B.....Deaconess Hospital (10) (R)
Barnhart, Willard T.....611 Harriet St. (10) (U)
Beck, Robert E.....611 Harriet St. (10) (R)
Becker, Jerry D.....715 First Ave. (10) (IM)
Begley, Joseph W., Jr. 314 S.E. Riverside Dr. (13) (OTO)
Beisel, Larry H.....420 Cherry St. (13) (PD)
Bender, Martin J.....3700 Bellemeade (15) (U)
Bendush, Cecil L.....Mead Johnson Research Center (21) (SR)
Bennett, Abner P.....412 S. E. Fourth St. (13) (PATH)
Bissonnette, Roger P.....420 Cherry St. (13) (IM)
Bloss, Bryant A.....715 First Ave. (10) (ORS)
Boone, Robert D.....420 Cherry St. (13) (GS)
Boswell, Robert W. C.....2351 Division St. (14) (GP)
Boyle, Carroll L.....715 First Ave. (10) (GP)
Brakel, Frank J., Jr.....420 Cherry St. (13) (IM)
Britt, Robert L.....420 Cherry St. (13) (PD)
Brockmole, Arnold W.....201 S. E. Third St. (13) (PH)
Brown, Robert L.....419 Edgar St. (10) (A)
Bryan, Stanton L.....607 Hulman Bldg. (08) (IM)
Buehner, Donald F.....3700 Bellemeade (15) (GP)
Burger, Thomas C.....3700 Bellemeade (15) (GS)
Burnikel, Ray H.....2709 Washington Ave. (14) (PR)

C

Carlson, Ralph F.....527 Sycamore St. (08) (GS)
Challman, William B.....715 First Ave. (10) (GP)
Chapman, William E.....611 Harriet St. (10) (U)
Clark, Thomas W.....420 Cherry St. (13) (IM)
Clouse, Paul A.....613 S. Weinbach Ave. (14) (IM)
Chapman, William E.....611 Harriet St. (10) (U)
Coleman, Joseph E.....3700 Bellemeade (15) (PD)
Combs, Herman T.....807 W. Indiana (10) (GP)
Combs, John H. (S)..412 S. E. Fourth St. (13) (ANES)
Cook, Thomas.....1204 Fuquay Rd. (15) (R)
Cooper, Waller W.....Deaconess Hospital (10) (ANES)
Corcoran, Patrick J. V.....3700 Bellemeade (15) (IM)
Cox, J. Bruce.....420 Cherry St. (13) (OBG)
Cox, Larry.....3700 Bellemeade Ave. (15) (GP)
Crawford, James H.....3700 Bellemeade (15) (GP)
Crevello, Albert J.....3700 Bellemeade (15) (P)
Crimm, Paul D.....5125 Stringtown Rd. (11) (PUD)
Crudden, Charles H.....Clearview Hospital (10) (P)
Cullnane, Chris W.....2312 W. Franklin St. (12) (GP)

D

Davidson, Harold H.....420 Cherry St. (13) (OBG)
Davis, Kenneth D.....420 Cherry St. (13) (ORS)
Denzer, Edward K.....108 S. E. Third St. (08) (GS)
Denzer, William O.....2329 Chandler Ave. (16) (GP)
Diamond, Jack L.....4505 Bellemeade Ave. (15) (ADM)
Dieckman, Herbert S.....3700 Bellemeade (15) (A)
Dodd, Roberts K.....2042 Lincoln Ave. (14) (GS)
Downer, Luther H.....615 Oak Street (13) (GP)
Drake, Dale W.....St. Mary's Hospital (10) (ANES)
Durkee, Melvin S.....3700 Bellemeade (15) (GS)
Dycus, Walter A.....319 N. St. Joseph Ave. (12) (GP)
Dyer, Wallace K.....3700 Bellemeade (15) (OTO)

E

Ebin, Judah L.....101 S. E. Third St. (08) (NS)
Elshoff, Donald V.....3700 Bellemeade (15) (IM)
Engel, Edgar L.....326 S. E. Seventh St. (13) (OBG)

F

Faul, Henry J.....815 Hulman Bldg. (08) (GP)
Faw, Melvin L.....420 Cherry St. (13) (IM)
Fenneman, Robert J...402 S. E. Seventh St. (13) (OPH)
Ferguson, Stephen C.....314 Riverside Dr. (13) (OTO)
Franco, James M.....715 First Ave. (10) (NS)

G

Garland, Edgar A.....606 S. Weinbach (14) (GS)
Garst, Garland R.....3700 Bellemeade (15) (Resident)
Gaul, L. Edward.....509 Hulman Bldg. (08) (D)
Geller, Samuel.....R. R. 8, Box 143A (11) (GP)
Getty, William H.....420 Cherry St. (13) (IM)
Giorgio, Douglas J...916 S. Burkhardt Rd. (15) (ANES)
Gourieux, E. De Verre.....3700 Bellemeade (15) (GP)
Griep, Arthur H.....5414 Madison Ave. (15) (IM)
Grimm, William C. H., Jr.....420 Cherry St. (13) (IM)
Guckien, Joseph L.....715 First Ave. (10) (OTO)

H

Hachmeister, Charles W. 2301 W. Michigan St. (12) (GP)
Hammond, R. Case.....611 Harriet St. (10) (U)
Hare, Daniel M.....611 Harriet St. (10) (U)
Hargett, Isaac R.....420 Cherry St. (13) (PD)
Harned, Ben K., Jr.....420 Cherry St. (13) (GS)
Harris, Robert L.....2014 E. Morgan (11) (GP)
Hart, L. Paul.....3700 Bellemeade (15) (GS)
Hartley, Clarence A., Jr.....221 Chestnut St. (13) (GP)
Hartz, F. Minton.....123 S. E. Second St. (08) (OM)
Hassel, Walter B.....3712 Herndon Dr. (11) (OBG)
Healy, Cornelius E.....420 Cherry St. (13) (PD)
Heard, Albert (S).....322 E. Cherry St. (13) (GP)
Heimburger, Irvin L.....527 Sycamore St. (08) (GS)
Heinrich, Weston A...314 S. E. Riverside Dr. (13) (GS)
Hendershot, Eugene L....412 S. E. Fourth St. (13) (R)
Henderson, Robert N.....631 First Ave. (10) (GP)
Hermayer, Stephen...220 S. E. Seventh St. (13) (OPH)
Hermann, Harold W.....Mead Johnson & Co., 2404 Pennsylvania Ave. (21) (SR)
Herrmann, Gordon T.....3700 Bellemeade (15) (IM)
Herzer, Clarence C. (S).....322 N. Fulton (10) (GP)
Heumann, John E.....715 First Ave. (10) (ORS)
Himebaugh, Gilbert J.....115 N. Weinbach (11) (GS)
Hobbs, Arthur A.....715 First Ave. (10) (R)
Hobgood, James L., Jr..7527 Taylor Circle (15) (ANES)
Hoopes, Jane M.....3700 Bellemeade (15) (PD)
Hoover, J. Guy.....527 Sycamore St. (08) (GS)
Hovda, Richard B.....P.O. Box 5366 (15) (R)
Huggins, Victor S.....611 Harriet St. (10) (OBG)

J

Johnson, Victor.....2301 W. Michigan St. (12) (GP)
Johnson, Stephen L.....521 Sycamore St. (08) (IM)

K

Kauffman, Harley M. (S).....219 Walnut St. (08) (P)
Kelly, John B.....420 Cherry St. (13) (U)
Kessler, Robert B.....1338 Division St. (14) (GP)
Kiechle, Frederick L.....1018 Parrett St. (13) (PATH)
Kincaid, Robert S.....7117 E. Cherry St. (15) (ANES)
Kleindorfer, Roscoe L. (S)..3214 E. Chandler (15) (GS)
Krueger, Thomas P.....715 First Ave. (10) (NS)

L

Laubscher, Clarence.....1201 Laubscher Rd. (10) (GP)
Lawler, John F.....420 Cherry St. (13) (GS)
Lawrence, Joseph C.....715 First Ave. (10) (ORS)
Leibundguth, Henry.....P. O. Box 5166 (15) (ORS)
Leich, Charles F.....124 S. E. First St. (08) (OTO)
Lessure, Alfred P.....420 Cherry St. (13) (R)
Longstaff, John P.....200 Cherry St. (13) (P)
Lynch, Harold D.....3 Woodmere Lane (11) (OO)

M

MacKenzie, Pierce.....326 S.E. Seventh St. (13) (OBG)
McCool, Joseph H.....1 Woodmere Lane (11) (P)
McDonald, Joseph D.....517 Sycamore St. (08) (GS)
Marvel, James A.....420 Cherry St. (13) (IM)
Mason, Everett E.....3700 Bellemeade (15) (GP)
Mathews, James R.....901 S. Meadow Rd. (15) (R)
Miller, LaVerne B.....1421 N. Main St. (11) (GS)
Miller, Marshall S.....420 Cherry St. (13) (IM)
Miller, Milton J.....15 W. Franklin St. (10) (GP)
Mills, Fred E.....Deaconess Hospital (10) (PATH)
Mino, Robert A.....715 W. Franklin St. (10) (GS)
Mitchell, John B.....Mead Johnson & Co., 2404 Pennsylvania St. (21) (PD)
Moulton, Lillian G. (S).....1 N. Barker (12) (CHP)
Muelchi, Adeline F. (S).....2205 Bellemeade (14) (GP)
Mullican, William S., Jr.....715 First Ave. (10) (IM)
Murphy, Edward U.....901 Hulman Bldg. (08) (OPH)

N

Newnum, Raymond L.....3700 Bellemeade (15) (IM)
Newsome, Cola K.....415 E. Mulberry (13) (GP)
Newton, Roger E.....Mead Johnson & Co., 939 Bond St., Mid-Town Center (08) (SR)
Nicholson, Raymond W.....3700 Bellemeade (15) (GP)
Niedermayer, Alfred J..960 Washington Ave. (13) (GP)
Nonte, Leo R.....715 First Ave. (10) (GS)

O

Oswald, Robert H.....326 S.E. Seventh St. (13) (OBG)
Ozsezen, Bulent A.....441 Tyler St. (15) (ANES)

P

Pastor, Julius W...3700 Washington Ave. (15) (ANES)
Pavlick, Theodore J.....1001 Walnut St. (13) (OPH)
Pemberton, Jack J.....611 Harriet (10) (GP)
Porro, Francis W...3700 Washington Ave. (15) (PATH)
Present, Julian D.....3700 Bellemeade (15) (GP)
Price, Shirley G.....420 Cherry St. (13) (GS)
Pugh, Willis L.....715 First Ave. (10) (ORS)

R

Radcliff, Forest F., Jr.....P.O. Box 5166 (15) (ORS)
Ratcliffe, Albert W.....P.O. Box 138 (01) (PATH)
Reich, Clarence E.....1209 N. Fulton (10) (GP)
Rietman, H. Jerome
19 Chandler, off Riverside (13) (P)
Ritchie, William D.....555 Herndon Dr. (11) (GP)
Ritz, Albert S.....3700 Bellemeade (15) (GS)
Robertson, James A...7209 E. Walnut St. (15) (PATH)
Rosenblatt, Bernard B.....502 Hulman Bldg. (08) (GP)
Royster, George M. (S)
401 Citizens Nat'l. Bank Bldg. (08) (OTO)
Royster, Robert A.....3700 Bellemeade (15) (GS)
Rudolph, Kenneth J.....3700 Bellemeade (15) (OPH)
Rusche, Henry J.....313 W. Iowa (10) (GP)
Rusche, Thomas J.....1421 N. Main St. (11) (N)
Russell, Richard H..3700 Washington Ave. (15) (ANES)

S

Schimmelpfennig, Robert W.
1013 Parrett St. (13) (PD)
Schirmer, Robert H.....1118 W. Franklin St. (10) (GP)
Schneider, Charles P...2211 W. Franklin St. (12) (GP)
Schriefer, Victor V.....1120 N. Main St. (11) (GP)
Sheehan, E. Gregg.....420 Cherry St. (13) (OBG)
Shively, Wyant J...3700 Washington Ave. (15) (PATH)
Siegel, Lyle P.....500 Oriole Dr. (15) (ANES)
Sinn, Charles M.....715 First Ave. (10) (IM)
Slaughter, Howard C.....1001 Walnut St. (13) (OPH)
Slaughter, John C., Jr.....3700 Bellemeade (15) (D)
Slaughter, Owen L.....3700 Bellemeade (15) (IM)
Smith, Gordon L.....19 Chandler Ave. (13) (P)
Smith, Roy M., Jr.....1307 Stringtown Rd. (11) (GP)
Snively, William D., Jr.....R. R. 1, Box 277 (12) (OO)
Spain, W. Thomas.....801 S.E. Third St. (13) (OBG)
Speer, David L.....509 Wilson Sq. (10) (ANES)
Sprecher, Herman C.....5040 Bellemeade (15) (PR)
Springstun, Walter R.....715 First Ave. (10) (PD)
Stallings, Hugh A.....3700 Bellemeade (15) (OBG)
Steele, Paul W.....1218B Lincoln Ave. (14) (GP)
Sterne, John H.....P.O. Box 5166 (15) (ORS)
Stewart, L. Ray.....852 S. Alvord Blvd. (14) (R)
Strueh, Paul E.....220 S. E. Seventh St. (13) (OTO)
Swan, Robert E.....420 Cherry St. (13) (D)

T

Tilden, Margaret H...624 W. Virginia St. (10) (ANES)
Tisserand, John B., Jr.....3700 Bellemeade (15) (D)
Tuholski, James M.....Mead Johnson & Co., 2404 Pennsylvania St. (21) (SR)
Tweedall, Daniel C.....715 First Ave. (10) (D)

U-V

Ulrey, Robert P.....130 E. Mill Rd. (11) (GP)
Valle, Santiago.....417 N. Weinbach Ave. (11) (GS)
Venables, Albert J.....600 Mary St. (10) (PATH)
Viehe, Robert W. (S)....618 S. Willow Rd. (14) (GP)
Vancil, Martin E.
Mead Johnson Research Center (21) (SR)
Vincent, William A.....420 Cherry St. (13) (IM)
Visher, John W. (S)
510 E. Mt. Pleasant Rd. (11) (GP)
VonderHaar, Thomas E.....715 First Ave. (10) (IM)

W

Wait, Raymond B.....Mead Johnson & Co., 2404 Pennsylvania St. (21) (SR)
Walter, Paul A. F., III.....Mead Johnson & Co., 2404 Pennsylvania St. (21) (ADM)
Walter, Robert F.....1514 S. Kentucky Ave. (14) (GP)
Warner, Charles L.....420 Cherry St. (13) (PD)
Weber, Edgar H. (S)....123 S. E. Second St. (08) (OM)
Welborn, Mell B.....420 Cherry St. (13) (GS)
Wilhelmus, Gilbert M...1028 Washington Ave. (14) (GP)
Wilhelmus, Kenneth.....1100 Lincoln Ave. (14) (GP)
Williams, Jack O.....420 Cherry St. (13) (IM)
Willis, Charles F.....1100 S. Bedford Ave. (13) (GP)
Willison, George W.....3700 Bellemeade (15) (IM)
Wilson, David.....615 S. Willow Rd. (14) (ANES)
Winebrenner, John D.....950 Bond St. (07) (ADM)
Wilson, Ralph.....517 Mary St. (10) (GP)
Winebrenner, John D.....950 Bond St. (07) (ADM)
Woodward, Ben E.....420 Cherry St. (13) (ORS)

X-Y-Z

Young, C. Curtis, Jr...326 S.E. Seventh St. (13) (OBG)
Zeier, Francis G.....420 Cherry St. (13) (ORS)
Zimmerman, Harold.....6 S. E. Second St. (08) (GP)
Ziss, Robert C.....216 S. E. Riverside (13) (IM)
Zunker, Heinz O. H.....829 Hebron Ave. (15) (PATH)
Zwickel, Ralph E.....611 Harriett St. (10) (IM)

Cates, Jeryl R.....421 Ashford Ct., Indianapolis (46224) (Resident)
Woodall, Robert L.....1409 North St., Washington (47501) (PS)

Chremos, A. N.....A. H. Robins Co., 1407 Cummings Dr., Richmond, Va. (23320) (IM)
Hironimus, John E.....13652 Cantara St., Panorama City, Calif. (91402) (D)
Newman, Alvin E. (S)
2937 Coral Shores Dr., Ft. Lauderdale, Fla. (33306) (OO)
Spindler, Richard G.....665 Talomar Dr., Apt. 117, Pensacola, Fla. (32507) (Military)

VERMILLION COUNTY

(See Parke-Vermillion)

VIGO COUNTY

Loving, Jury B.....New Goshen (47863) (GP)
McIntosh, Wilbert.....Riley (47871) (GP)
Jett, Clyde W.....Seelyville (47878) (IM)

Terre Haute

(*Zip Code* 478 *plus zone number*).

A

Anderson, Walter C.....2235 Wabash Ave. (07) (GS)
Ault, Roy J.....3050 Poplar St. (03) (OBG)

B

Bannon, William G.....400 Eighth Ave. (04) (IM)
Bloxdorf, John W.....P. O. Box 1468 (08) (PATH)
Blum, Leon L.....1505 N. Seventh St. (08) (PATH)
Bopp, Henry W., Jr.....221 S. Sixth St. (01) (GS)
Bopp, James.....Union Hospital (08) (ANES)
Boyd, H. Clark.....221 S. Sixth St. (01) (OBG)
Bristol, Henry M. S.....1024 S. Sixth St. (07) (GP)
Bronson, Paul J. (S).....58 Allendale Pl. (02) (GS)
Brown, Robert R.....221 S. Sixth St. (01) (U)
Burkle, Robert J.....3050 Poplar St. (03) (ORS)

C

CaJacob, Melville E.....1000 S. Sixth St. (07) (GP)
Caldwell, Milton V.....416 Tribune Bldg. (01) (R)

Carpenter, Donald J.
507 Rose Dispensary Bldg. (01) (OPH)
Cavins, Alexander W.....221 S. Sixth St. (01) (OBG)
Chau, Andrew Y. S.....405 S. Sixth St. (07) (GS)
Combs, Stuart R.....3050 Poplar St. (03) (IM)
Conklin, James O...310 Rose Dispensary Bldg. (01) (GS)
Connerley, Marion L.....107 S. Seventh St. (01) (CD)
Conway, Thomas J.....221 S. Sixth St. (01) (PD)
Cristee, James W.
500 Rose Dispensary Bldg. (01) (IM)
Crockett, Wayne A.....1024 S. Sixth St. (07) (IM)

D

Davis, Paul E.....1233 Maple Ave. (04) (GP)
Dierdorf, Fred W.....103 S. 23rd St. (03) (ANES)
Drummy, William W.....221 S. Sixth St. (01) (IM)
Dyer, George W.....2235 Wabash Ave. (07) (GP)

E-F

Edwards, Henry G...6 Rose Dispensary Bldg. (01) (U)
Ensey, Philip L.....Indiana State University (09) (GP)
Freed, John E.....1024 S. Sixth St. (07) (GS)

G

Gerrish, Donald A.....5206 Clinton Road (05) (GP)
Goodman, Hubert T.
410 Rose Dispensary Bldg. (01) (GP)
Gossom, Donn R.....825 N. Third St. (07) (GS)

H

Harkness, Robert G. (S)
301 Rose Dispensary Bldg. (01) (GP)
Haslem, Ezra R.....4951 Dixie Bee Rd. (02) (GP)
Haslem, John R.....221 S. Sixth St. (01) (GS)
Hetherington, John A.
414 Merchants Bank Bldg. (01) (NS)
Hogan, Thomas W.....627 Cherry St. (01) (R)
Hoover, Dewey A.....1220 Wabash Ave. (01) (GP)
Humphrey, Paul E.....1235 Ohio Blvd. (07) (U)
Hunt, Edgar J. (S).....R. R. 1 (02) (GP)

J

Johnson, Edward M.....1630 Poplar St. (07) (OBG)
Johnson, Paul D., Jr.....822 N. 15th St. (07) (GS)
Justin, Renate G.....1024 S. Sixth St. (07) (GP)

K

Kabel, Robert N.....3050 Poplar St. (03) (ORS)
Keffer, Harry L.....Union Hospital (08) (ANES)
Krieble, William W.....221 S. Sixth St. (01) (IM)
Kunkler, Arnold W.....1700 N. Seventh St. (04) (GS)
Kunkler, William C. (S)
212 Merchants Nat'l. Bank Bldg. (01) (GS)

L

LaBier, Clarence R., Jr. (S)....325 Ohio St. (01) (GP)
Lancet, Robert O.....221 S. Sixth St. (01) (GP)
Lee, James.....465 S. 25th St. (03) (PATH)
Lenyo, Ludimere.....221 S. Sixth St. (01) (IM)
Lo, Loretta S. Y.....405 S. Sixth St. (07) (ANES)
Loewenstein, Werner L...1537 S. Seventh St. (02) (GP)
Lyons, L. Mason.....59 S. 18th St. (07) (GP)

M

McAleese, George B.....1024 S. Sixth St. (07) (GS)
McBride, Noel S.
407 Merchants Nat'l. Bank Bldg. (01) (OPH)
McCrea, Fred R.....221 S. Sixth St. (01) (R)
McEwen, James W.....670 Cherry St. (01) (OPH)
McLaughlin, Gordon C.....1644 S. 25th St. (03) (PD)
Malone, Leander A.....416 Tribune Bldg. (01) (R)
Mankin, William J..... 1655 N. Seventh St. (07) (OTO)
Mason, Lester M.
314 Merchants Nat'l. Bank Bldg. (01) (D)
Matter, Milton, Jr...Indiana State University (09) (GP)
Mattox, Don M.....1700 N. Seventh St. (04) (GS)
Meissel, Robert L.....920 N. 19th St. (07) (GP)
Miklozek, John E.....660 Idaho (02) (GP)
Mitchell, John R.....221 S. Sixth St. (01) (R)
Moore, Gene.....2700 S. 25th St. (02) (P)
Musselman, Glen G.....1021 S. Sixth St. (07) (ANES)

N-O

Nay, Ernest O. (S).....221 S. Sixth St. (01) (U)
Neudorff, Louis G.....221 S. Sixth St. (01) (IM)
Nuval, Augusto J.....65 Heritage Dr. (03) (ANES)
Oliphant, Robert W.....1603 S. Seventh St. (02) (GS)

P

Pearce, Roy V.....1440 S. 25th St. (03) (PD)
Peterson, Deward D.....221 S. Sixth St. (01) (R)

R

Reed, Robert C.....Union Hospital (08) (ANES)
Reynolds, Richard J.....2250 Wabash Ave. (07) (IM)
Richart, James V..414 Rose Dispensary Bldg. (01) (GP)
Riggs, Floyd C. (S).....137 S. 24th St. (03) (GP)
Rogers, R. Shirrell.....1101 S. Sixth St. (02) (GP)
Rosene, Harold A., Jr.....221 S. Sixth St. (01) (ORS)
Rourke, Robert F.....631 S. 25th St. (02) (OBG)
Rubin, Milton M.....221 S. 19th St. (07) (GP)

S

Sayers, Frank E. (S).....436 Bluebird Dr. (03) (OO)
Scherb, Burton E.....104 N. Seventh St. (01) (OTO)
Schumaker, Robert A.....3050 Poplar St. (03) (GP)
Scully, William E.....221 S. Sixth St. (01) (PD)
Shanklin, Vernon A. (S).672½ Wabash Ave. (01) (OO)
Showalter, John R.....1223 Maple Ave. (04) (GP)
Shriner, William C.....415 N. Ninth St. (07) (P)
Siebenmorgen, Paul.....1024 S. Sixth St. (07) (GP)
Silverman, Norman M.....1142 S. Center St. (02) (GP)
Sison, Rose D.....1024 S. Sixth St. (07) (PD)
Sison, Vicente G.....3050 Poplar St. (03) (ORS)
Speas, Robert C.....402 Tribune Bldg. (01) (OTO)
Stoelting, J. Lewis.....1724 N. Seventh St. (04) (OBG)
Strecker, William L.....1024 S. Sixth St. (07) (ANES)
Sullivan, John M.....1712 Franklin St. (02) (GP)

T-U-V

Topping, Malachi C.....3050 Poplar St. (03) (ORS)
Vance, William C...Indiana State University (09) (PD)
Veach, William L.....1235 Ohio St. (07) (U)
Voges, Edward C.....702 College Ave. (02) (GP)

W

Weber, Joseph G. S.....723 Wabash Ave. (01) (R)
Weinbaum, Jack G...1505 N. Seventh St. (07) (PATH)
West, Roger F.....221 S. Sixth St. (01) (PD)
Wheeler, Byron C.....400 Eighth Ave. (04) (IM)
Wilson, Fred L.....1501 S. Third St. (02) (IM)
Win, Tun.....St. Anthony Hospital (08) (PATH)

X-Y-Z

Yates, Donald L.....221 S. Sixth St. (01) (OPH)
Zwerner, Paul F.....2100 N. 12th St. (07) (GP)
Zimmer, Henry J.....3055 Poplar St. (03) (OM)

WABASH COUNTY

Poehler, Fred C.....La Fontaine (46940) (GP)

North Manchester

(*Zip Code* 46962)

Balsbaugh, George K.....107 W. Seventh St. (GP)
Bunker, Ladoska Z.....201 N. Mill St. (GP)
Dziabis, Marvin D.....Oak Park (PATH)
Eiler, Paul A.....1104 N. Wayne St. (GP)
Kidd, James G. (S).....Timbercrest (OO)
McFadden, Wilbur D.....1104 N. Wayne St. (GP)
Seward, George W.....111 E. Main St. (OTO)
Silvers, Michael.....1104 N. Wayne St. (GP)
Smith, Lloyd H.....1104 N. Wayne St. (GP)

Wabash
(*Zip Code* 46992)

Boaz, William D.....645 N. Spring St. (GP)
Dannacher, William D.....400 Ash St. (GS)
Dragoo, John R.....400 Ash St. (GP)
Dunham, Henry H.....1025 Manchester (R)
Ellis, David L.....400 Ash St. (GP)
Elward, Carl J.....1025 Manchester (PATH)
Gatzimos, Christos D...Wabash County Hospital (PATH)
Gifford, J. Dean.....Wabash County Hospital (PATH)
Hanneken, Vincent J.....119 Highland Dr. (GP)
LaSalle, Richard M.....645 N. Spring St. (GP)
LaSalle, Robert M., Jr.....645 N. Spring St. (GS)
LaSalle, Robert M., Sr.....R. R. #4 (GP)
Mernitz, Roland B., Jr.....400 Ash St. (GS)
Mills, John F.....24 E. Main St. (OTO)
Pearson, William E.....290 N. Wabash (GP)
Rauh, Robert A.....400 Ash St. (GP)
Smyrniotis, Frank.....645 N. Spring St. (IM)
Steffen, Julius T. (S).....443 N. Wabash (GP)
Stoops, Jean T.....400 Ash St. (GP)
Zydlo, Stanley M.....P.O. Box 625 (GP)

WARREN COUNTY

(See Fountain-Warren)

WARRICK COUNTY

Boonville
(*Zip Code* 47601)

Hoover, Peter B.....223 W. Locust St. (GP)
Martin, Noel J.....214 S. Second St. (GP)
Ruiz, Carlos M.....P.O. Box 127 (GP)
Terry, Robert H.....316 S. Third St. (GP)

Camacho, Ernesto M.....Chandler (47610) (GP)
Colvin, Robert C.....Newburgh (47630) (GP)
Dimmett, James D.....2039 Carrhill Rd., Vienna, Va. (22180) (Resident)

WASHINGTON COUNTY

Tower, Thomas K.....Campbellsburg (47108) (GP)
Manship, C. Stanley.....Hardinsburg (47125) (GP)
Carty, Charles B.....Pekin (47165) (GP)

Salem
(*Zip Code* 47167)

Apple, Eddie R.....501 W. Market St. (GP)
Coleman, Henry G.....Mitchell Bldg. (GP)
Fultz, Roy L.....304 E. Market St. (GP)
Huckleberry, Irvin E. (S)....502 W. Mulberry St. (GP)

WAYNE-UNION COUNTIES

Hill, Paul G.....Cambridge City (47327) (GP)
Kenyon, C. Emil (S)....Cambridge City (47327) (GP)
Mendoza, Felicisimo S.....Cambridge City (47327) (GP)
Barton, Willoughby M.....Centerville (47330) (GP)
Hutchison, Donald R.....Fountain City (47341) (GP)
Hollenberg, Alfred E.....Hagerstown (47346) (GP)
Leonard, Dale F.....Hagerstown (47346) (GP)

McWilliams, William B. (S)
R. R. 2, Liberty (47353) (GP)

Richmond
(*Zip Code* 47374)

Adney, Frank B., Jr.....1015 S. A St. (U)
Ake, Loren.....213 Medical Arts Bldg. (GP)
Allen, Robert T.....34 S. Seventh St. (OPH)
Anderson, Robert C.....Richmond State Hosp. (P)
Ballenger, William E. (S) 309 Medical Arts Bldg. (OTO)
Banez, Ramon V.....313 Medical Arts Bldg. (GP)
Blossom, Paul W.....825 S. A St. (GP)
Cabigas, Jose S.....2000 W. Main St. (GP)
Clarkson, Clarence G.....1350 Chester Blvd. (GP)
Coble, Frank H.....51 S. Eighth St. (OPH)
Cox, Leon T.....1210 E. Main St. (GP)
Curiel, Hector J.....16 S.W. 18th St. (GS)
Daggy, James R.....35 S. Eighth St. (GP)
Deanovic, Frank W.....107 Medical Arts Bldg. (D)
Dehner, John R.....Reid Memorial Hospital (R)
Dingle, Paul E.....127 Medical Arts Bldg. (OBG)
Dreyer, Ralph W.....2 S.W. 17th St. (OM)
Ebbinghouse, Tom.....98 W. Main St. (GP)
Gibson, Alois E.....1250 Chester Blvd. (ORS)
Guthrie, James R.....100 N. 15th St. (IM)
Hagie, Franklin E.....1110 S. A St. (GP)
Harmon, Carl J.....311 Medical Arts Bldg. (GP)
Hibner, Dan W.....307 Medical Arts Bldg. (GP)
Hill, Gladys Marie.....407 Medical Arts Bldg. (GP)
Isaacs, Sidney.....2200 S. 23rd St. (ANES)
Jeans, Robert F.....84 S. 14th St. (P)
Johnson, George M.....1250 Chester Blvd. (GS)
Klepfer, Jefferson F.....Richmond State Hospital (P)
Kreitl, Dorothy R.....Richmond State Hospital (P)
Lee, Glen Ward.....100 N. 15th St. (U)
Lewis, James R.....1250 Chester Blvd. (IM)
Ling, John F.....1250 Chester Blvd. (IM)
Logan, James Z.....84 S. 14th St. (GS)
Loomis, Charles H.....100 N. 15th St. (GS)
McIlroy, Richard J.....1000 W. Main St. (P)
Mader, John H.....2000 E. Main St. (IM)
Miller, Harold L.....1250 Chester Blvd. (ORS)
Millis, Arthur B.....1250 Chester Blvd. (IM)
Paraiso, Antonio Q.....313 Medical Arts Bldg. (OBG)
Park, Byron J.....1250 Chester Blvd. (ORS)
Plasterer, Edward D.....212 S. 16th St. (PD)
Porter, George S.....920 Whitewater Blvd. (OBG)
Ramsdell, Glen A.....1015 S. A Street (IM)
Runge, Paul W.....100 N. 15th St. (IM)
Sage, Charles V., Jr.....48 S. 11th St. (GP)
Schmitt, Robert W.....25 Circle Drive (P)
Sherer, Kenneth E.....1250 Chester Blvd. (GS)
Shields, Tom S.....47 S. 11th St. (OTO)
Short, John A.....409 S.W. I St. (ANES)
Siedlecki, Edward.....Richmond State Hospital (P)
Snyder, Morris C.....810 S. A St. (GP)
Spellmeyer, John C.....Reid Memorial Hospital (R)
Stepleton, John D.....Reid Memorial Hospital (PATH)
Stilwell, William R.....2607 South C Place (ANES)
Sweet, Howard E.....35 S. Eighth St. (ORS)
Warren, Robert J.....217 Medical Arts Bldg. (PD)
Warrick, Francis B.....100 N. 15th St. (IM)
Weitemier, Raymond A.....2000 E. Main St. (PD)
Wertenberger, Morris D.
779 Greenmount Pike, R. R. 2 (R)
Wiland, Olin K.....Reid Memorial Hospital (PATH)
Woodman, Kenneth S.....1250 Chester Blvd. (GS)
Wynegar, David E.....Richmond State Hospital (NS)
Zore, Joseph J.....1308 North A Street (PD)

Shepard, Fred F.....College Corner, Ohio (45003) (GP)
Wambo, John M.....101 Manchester, Orange, Calif. (92668) (Resident)

WELLS COUNTY

Bluffton
(*Zip Code* 46714)

Boonstra, Charles E.....303 S. Main St. (PATH)
Bradley, Louis F.....303 S. Main St. (IM)
Buckner, Joy F. (S).....116 E. Walnut St. (GP)
Caylor, Charles H.....303 S. Main St. (U)
Caylor, Harold D.....303 S. Main St. (GS)
Caylor, Truman E.....303 S. Main St. (U)
Collins, Jack T.....303 S. Main St. (IM)
Cook, Robert G.....303 S. Main St. (OTO)
Dorrance, Thomas O.....303 S. Main St. (PD)
Eisaman, Jack L.....303 S. Main St. (IM)
Gitlin, Max M. (S).....121 E. Market St. (GP)
Gitlin, William A.....121 E. Market St. (GP)

Hendeles, Frieda R.....303 S. Main St. (P)
Huebner, Gilbert D.....303 S. Main St. (GS)
Huffman, Galen C.....303 S. Main St. (P)
Jackson, Charles E.....303 S. Main St. (IM)
Jaurnig, Russell R.....303 S. Main St. (R)
Johnston, Robert L.....811 S. Morgan St. (IM)
Kephart, S. Bruce.....303 S. Main St. (OBG)
Lohmuller, Herbert W.....303 S. Main St. (IM)
McCaslin, Charles W.....303 S. Main St. (IM)
Matzen, Richard N.....303 S. Main St. (IM)
Mayock, Peter P.....303 S. Main St. (IM)
Meier, Donald W.....303 S. Main St. (GS)
Mock, L. Farrell.....303 S. Main St. (Resident)
Mudrony-Szoke, Jeno B.....303 S. Main St. (R)
Panos, Constantine G.....227 S. Main St. (GP)
Phillips, John F.....303 S. Main St. (IM)
Pietz, David G.....303 S. Main St. (IM)
Pitts, Neal C.....303 S. Main St. (IM)
Prough, Wendell A.....303 S. Main St. (OPH)
Rusher, Merrill W.....303 S. Main St. (OBG)
Shaw, Glenn R.....303 S. Main St. (OBG)
Sorg, David A.....303 S. Main St. (IM)
Steckbeck, Robert L.....303 S. Main St. (ANES)
Strehler, Don A.....303 S. Main St. (PD)
Talbert, Pierre C.....303 S. Main St. (GS)
Yoder, Richard P.....303 S. Main St. (IM)

Stevens, Adam C.....Kendallville (46755) (R)
Willard, Richard D.....R. R. 1, Box 68, LaGrange (46761) (GP)
Gingerick, Charles M.....Liberty Center (46766) (GP)
Kinzer, LeRoy D.....Markle (46770) (GP)
Miller, Gerald L.....Markle (46770) (GP)
Hardin, Wayne E.....Ossian (46777) (GP)

Rudy, Donald B.
P. O. Mnene, via Belingwe, Rhodesia, S. Africa (GS)
Schaefer, Joseph C.....V.A. Hospital, 510 E. Stoner Ave., Shreveport, La. (71101) (PATH)

WHITE COUNTY

McClure, Stanley E.....Monon (47959) (GP)

Monticello

(*Zip Code* 47960)

Dickerson, W. Martin.....1114 O'Connor Blvd. (GP)
Fields, Max L.....Western Heights (GP)
Hibner, Nolan A.....222 S. Main St. (GP)
Jehanyar, M. Ali.....116 N. Illinois St. (GP)
Morris, Warren V.....115 W. Marion St. (GP)

Forbes, Violet Crabbe.....Wolcott (47995) (GP)

WHITLEY COUNTY

Minick, Linus J.....Churubusco (46723) (GP)

Columbia City

(*Zip Code* 46725)

Hamilton, Thomas.....115 S. Main St. (GP)
Heritier, C. Jules.....700 Hill Dr. (GP)
Lehmberg, Otto F. C. (S)....118 E. Van Buren St. (GP)
Niccum, Warren L.....215 E. Van Buren St. (PD)
Reid, Donald B.....2 Hallmark Square (GP)
Roth, James R.....323 N. Chauncey (GP)
Thompson, Frank M.....510 N. Main St. (IM)
Vogel, John L.....215 E. Van Buren St. (IM)
Wait, Jerome H.....360 N. Oak (GP)
Wilson, John.....122 N. Main St. (GP)

Stalter, Gaylord W.....North Webster (46555) (GP)
Mishler, Joe B...P. O. Box 276, Pierceton (46562) (GP)
Yoder, Dewey D. (S) R. R. #1, Pierceton (46562) (OTO)
Huffman, Verlin P.
201 N. State St., South Whitley (46787) (GP)

WOMAN'S AUXILIARY
to the
INDIANA STATE MEDICAL ASSOCIATION

OFFICERS: 1970-71

PRESIDENT	Mrs. Paul A. Clouse	5801 Newburgh Rd.	Evansville (47715)
PRESIDENT-ELECT	Mrs. Stanley M. Chernish	4403 Radnor Rd.	Indianapolis (46226)
IMMEDIATE PAST-PRESIDENT	Mrs. Kenneth D. Schneider	4250 N. Riverside Dr.	Columbus (47201)
FIRST VICE-PRESIDENT	Mrs. Philip L. Smith	5416 S. Wayne Ave.	Fort Wayne (46807)
NORTHERN VICE-PRESIDENT	Mrs. David Goldsmith	2711 River Rd.	Marion (46952)
CENTRAL VICE-PRESIDENT	Mrs. Willis W. Stogsdill	2242 Rome Dr.	Indianapolis (46208)
SOUTHERN VICE-PRESIDENT	Mrs. Abner P. Bennett	961 Blue Ridge Rd.	Evansville (47715)
RECORDING SECRETARY	Mrs. Irvin H. Sonne	1546 Sunset Dr.	New Albany (47150)
TREASURER	Mrs. Otis R. Bowen	304 N. Center St.	Bremen (46506)
CORRESPONDING SECRETARY	Mrs. Leo Nonte	714 S. Willow Rd.	Evansville (47714)
FINANCE SECRETARY	Mrs. Dwight Schuster	4503 Washington Blvd.	Indianapolis (46205)
HISTORIAN	Mrs. John Deevers	6801 S. East St.	Indianapolis (46227)
PARLIAMENTARIAN	Mrs. Thomas Johnson	351 W. 63rd St.	Indianapolis (46260)

COMMITTEE CHAIRMEN

AMA-ERF (CHAIRMAN)	Mrs. Kenneth H. Brown	1654 Hedden Park	New Albany (47150)
AMA-ERF (TREASURER)	Mrs. Edsel Reed	111 Pawnee Park	Jeffersonville (47130)
BYLAWS	Mrs. Jack Shields	603 W. Spring St.	Brownstown (47220)
COMMUNITY SERVICE	Mrs. Francis Gootee	R. R. 1	Jasper (47546)
EDITORIAL	Mrs. Frank Green	516 N. Morgan St.	Rushville (46173)
CHILDREN & YOUTH	Mrs. John Stanley	2303 Redding Rd.	Muncie (47302)
HEALTH CAREERS	Mrs. Harold Davidson	800 Blue Ridge Rd.	Evansville (47715)
INTERNATIONAL HEALTH ACTIVITIES	Mrs. William Matthews	5215 Knob Lane	Indianapolis (46226)
LEGISLATION	Mrs. G. Beach Gattman	1319 Lawn Ave.	Elkhart (46514)
MEDICAL CARE INSURANCE	Mrs. Peter Classen	4112 S. Main St.	Elkhart (46514)
MEMBERSHIP	Mrs. Philip Smith	5416 S. Wayne Ave.	Fort Wayne (46807)
MENTAL HEALTH	Mrs. Milton Caldwell	R. R. 7, Box 449	Terre Haute (47802)
ORGANIZATION	Mrs. Stanley Chernish	4403 Radnor Rd.	Indianapolis (46226)
PROGRAM	Mrs. Rex Joseph	620 Hickory Lane	Indianapolis (46227)
PUBLICITY	Mrs. Gilbert Wilhelmus	5901 Newburgh Rd.	Evansville (47715)
SAFETY-DISASTER PREPAREDNESS	Mrs. A. Alan Fischer	2515 Knollwood Dr.	Indianapolis (46208)
LIAISON OFFICER to the Indiana Chapter of W.A.S.A.M.A.	Mrs. Herbert L. Egbert	419 W. 63rd St.	Indianapolis (46260)
1970 ISMA CONVENTION CHAIRMAN	Mrs. Dan D. Stiver	1127 E. Wayne St. N.	South Bend (46615)
1971 CONVENTION CHAIRMEN, HOUSE OF DELEGATES	Mrs. Robert Harris	870 S. Boeke Rd.	Evansville (47715)
	Mrs. Charles Hachmeister	5050 Lincoln Rd.	Evansville (47715)

MEMBERSHIP ROSTER—BY COUNTIES

ADAMS COUNTY

Berne

(Zip Code 46711)

Beaver, Mrs. Norman E.....866 Columbia
Boze, Mrs. Robert L.....R. R. 1

Decatur

(Zip Code 46733)

Burk, Mrs. James M.....221 S. 3rd St.
Carroll, Mrs. John C.....R. R. 5
Doan, Mrs. John.....R. R. 5
Freeby, Mrs. C. William.....R. R. 1
Girod, Mrs. Arthur A.....R. R. 6
Parrish, Mrs. Richard K.....242 S. 2nd St.
Rich, Mrs. Norval S.....R. R. 4
Zwick, Mrs. Harold F.....104 E. Rugg

ALLEN COUNTY

Bluffton

(Zip Code 46714)

Brickley, Mrs. Harry D.....401 S. Main St.
Buckner, Mrs. Joy.....P.O. Box 87
Hamilton, Mrs. O. G.....203 E. Central Dr.

Fort Wayne

(Zip Code 46805 unless otherwise indicated.)

A

Acker, Mrs. Herbert.....2112 Lakewood Dr. (09)
Adams, Mrs. E. Wade....1902 Forest Park Blvd.
Ahlbrand, Mrs. Roland C.....4820 Chaucer Dr.
Aiken, Mrs. Arthur F.....8331 Waterswolde Lane
Aiken, Mrs. Nevin E.....5540 N. Clinton St.
Aldred, Mrs. Allen W.....3636 Rosewood Dr. (04)
Anderson, Mrs. Garland...1408 Old Lantern Trail
Andrew, Mrs. Jerald.....401 W. Sherwood Terrace (07)

Arata, Mrs. James.....1304 Old Lantern Trail
Arata, Mrs. Justin E.....224 Ludwig Rd.
Ashman, Mrs. William C.....1018 Kinnaird (07)
Aust, Mrs. Charles H.
7137 Roseann Parkway (04)

B

Ball, Mrs. John R.....4112 S. Harrison (07)
Baltes, Mrs. Joseph H.....1309 Sunset Dr. (07)
Barch, Mrs. John W.....4921 Desoto Dr.
Bauman, Mrs. Richard L.....5219 Langsdon Pass (05)
Beams, Mrs. Ralph...3710 Wawonaissa Trail (11)
Beierlein, Mrs. Karl M.....2716 Butler Road (08)
Beights, Mrs. Raymond.....4505 Fairlawn Pass
Bergendahl, Mrs. Emil.....1202 Illsley Dr. (07)
Beutler, Mrs. Theodore
3505 S. Washington Rd. (04)
Billingsley, Mrs. John....4720 Crestwood Dr. (07)
Bixler, Mrs. J. A.....5220 Corydon Court
Blichert, Mrs. Peter A.
449 W. Sherwood Terrace (07)
Bollheimer, Mrs. Donald A.
3705 Bluegrass Lane
Borders, Mrs. Theodore R.....1802 Nevada St.
Bossard, Mrs. John W.....1611 Alabama
Bower, Mrs. Richard E...7019 Balmoral Dr. (04)
Bowers, Mrs. Geo. W....7916 Covington Rd. (04)
Brandt, Mrs. William.....3535 Kirkland Lane
Braunlin, Mrs. Robert J.....3423 Kirkland Lane
Bridges, Mrs. W. Lloyd.....207 Southridge Rd.
Bromley, Mrs. Luman W.
1225 W. Sherwood Ter. (07)
Brosius, Mrs. Robert H.....3302 Garland
Brown, Mrs. Frederic W.
1813 Woodmoor Dr. (04)
Brucker, Mrs. Perry A.....2933 Kingsley Dr.
Bryan, Mrs. Franklin A.....3006 Devon Dr.
Buckner, Mrs. Doster....2710 Bosworth Dr. (05)
Buckner, Mrs. George D.....4327 Hampshire Dr.

C

Carlo, Mrs. Ernest.....5205 Indiana (07)
Cast, Mrs. William.....4138 S. Harrison (07)
Chambers, Mrs. Alan....1408 Three Rivers Apts. East (02)
Clark, Mrs. William R. Jr...532 Oakdale Dr. (07)
Clark, Mrs. Wm. R.....4002 S. Harrison (07)
Close, Mrs. Frederick W...544 Kinnaird Ave. (07)
Cochran, Mrs. Harry A., Jr.
706 Nightfall Rd. (07)
Connelly, Mrs. Jerry.....4615 Willard Dr.
Connelly, Mrs. Richard D.....3016 Kingsley Dr.
Cooney, Mrs. Charles J.
2620 Covington Club Court (04)
Cottrell, Mrs. Robert F...5125 Worthman Ct. (07)
Craig, Mrs. Richard M.
5435 Woodhurst Blvd. (07)

D

Datzman, Mrs. Richard .....2722 Roscommon Dr.
Dauscher, Mrs. Dean D....5303 Cresthill Dr. (04)
Davidoff, Mrs. Manuel A...5408 Bluffton Rd. (07)
Donesa, Mrs. Antonio B.....4023 Spanish Trail
Dunstone, Mrs. H. Carter
2525 Paulding Rd. (06)

E

Emme, Mrs. Richard W....4429 Imperial Park Dr. (05)
Epps, Mrs. James H.....2935 Devon Dr. (05)

F

Ferguson, Mrs. Arthur N.
5533 S. Wayne Ave., Apt. # 6 (07)
Fiacable, Mrs. Joseph P.....5626 Dartmouth Dr.
Flaherty, Mrs. Robert....1835 Forest Park Blvd.
Foy, Mrs. Thomas.....3635 Delray Dr.
Franke, Mrs. Gordon R.....6216 Midwood Dr.
Frankhouser, Mrs. Chas. M.
7011 Winchester Rd. (09)
Fullam, Mrs. Richard.....4159 Woodstock

G

Gastineau, Mrs. David C.....8203 Westridge Rd.
Gerding, Mrs. William J...1721 Forest Park Blvd.
Giffin, Mrs. Charles....7939 Scottwood Court (04)
Glassley, Mrs. Stephen.....6950 Stellhorn Rd.
Glock, Mrs. Maurice E...1502 Hawthorne Rd. (04)
Glock, Mrs. Steven R.....3427 Amulet Dr.
Glock, Mrs. Wayne R...Suite 805, Three Rivers N. (02)
Goebel, Mrs. Carl W.....4102 S. Harrison (07)
Gould, Mrs. John C....2921 Old Orchard Rd. (04)
Graham, Mrs. George M...1126 W. Rudisill (07)
Graham, Mrs. James C.....2835 Devon Dr.
Green, Mrs. Robert F...4429 W. Hamilton Rd. (09)
Greenlee, Mrs. Robert L.....3344 Sanibel Dr.
Greist, Mrs. Walter D.....4809 Arlington (07)
Griffith, Mrs. Harold R...1913 Forest Park Blvd.
Gumbert, Mrs. Jack L...3315 Adirondack Dr. (06)

H

Hackett, Mrs. Walter G..5220 Crandon Lane (04)
Haffner, Mrs. Herman G..3606 Mulberry Rd. (04)
Haley, Mrs. Alvin J.....6001 Ranger Trail (05)
Hall, Mrs. William R.....8721 Fortuna Way
Haller, Mrs. Richard C...229 W. Wallen Rd. (08)
Hamilton, Mrs. Emory D.....2405 Florida Dr.
Hamilton, Mrs. George.....4531 Highwood Dr.
Harris, Mrs. James J...6126 Graymoor Lane (05)
Hasewinkle, Mrs. August M...3544 Kirkland Lane
Hastings, Mrs. Warren C.....1822 Kensington Rd.
Hattendorf, Mrs. A. Paul..4041 Old Mill Rd. (07)
Havens, Mrs. Russell E.....3721 Inwood
Helmer, Mrs. Fredric A.....8828 Maravilla Dr.
Herendeen, Mrs. Thomas L.
1023 Shoreworth Trail (09)
Hershberger, Mrs. Philip G.
5525 Covington Rd. (04)
Hickman, Mrs. Donald M.....3409 Delray
Hillery, Mrs. Robert.....3513 Kirkland Lane
Hipskind, Mrs. Richard E...1416 Woodmoor (04)
Hoffman, Mrs. Arthur F...3619 Harris Rd. (08)
Holsinger, Mrs. Robert E.
3466 S. Washington Rd. (04)
Hoog, Mrs. John M...1617 Kensington Blvd. (05)
Hoover, Mrs. Joseph.....415 Blake Dr. (08)
Howe, Mrs. Fordyce L.....2540 Springfield
Hull, Mrs. DeWayne L.....3310 Maxim Dr.

I & J

Irmscher, Mrs. Geo. W.....2024 Florida Dr.
Isenogle, Mrs. Kenneth.....11118 Kings Crossing
Jackson, Mrs. John F...5315 Cloverbrook Dr. (06)
Johnston, Mrs. Richard.....2533 Bellevue Dr.
Jontz, Mrs. Joseph.....8307 Waterswolde
Jontz, Mrs. Richard L.....5314 Damask Dr.
Juergens, Mrs. Richard.....8233 Parkridge

K

Karol, Mrs. Herbert J.....1725 Ardmore (04)
Kaufman, Mrs. Julian R...5405 Old Mill Rd. (07)
Keck, Mrs. Carleton A.....4633 Crestwood (07)
Kent, Mrs. Richard N.....1515 Hickory St.
Keyes, Mrs. Robert C.....1226 Illsley (07)
Kilgore, Mrs. Byron.....3110 Glencairn Dr.
Kimbrough, Mrs. Robert..4745 Hartman Rd. (07)
Kleifgen, Mrs. Wm. A.....4602 Tacoma (07)
Kleopfer, Mrs. Ronald G.....6321 Sharon Dr.
Klooze, Mrs. Kenneth W.....723 W. Packard (07)
Knight, Mrs. Lewis W.....3502 Glencairn Dr.
Knote, Mrs. John A.....5810 Bass Rd. (08)
Krueger, Mrs. John.....4910 Midlothian Rd.
Kruse, Mrs. Walter E.....4006 Spanish Trail

L

Ladig, Mrs. Donald S.....2720 Fairfield (07)
Laker, Mrs. Gene C.....4635 Old Mill Rd. (07)
Laker, Mrs. Richard J.....1244 W. Rudisill (07)
Lampe, Mrs. Elfred H...4255 Hartman Rd. (07)

Laycock, Mrs. Richard.....5019 Stellhorn Rd.
Lee, Mrs. John W.....3336 Rockwood Dr.
Leming, Mrs. Ben L.....1006 Three Rivers East (02)
Lenk, Mrs. George G.....5507 E. State St.
Lloyd, Mrs. Robert P. 3838 W. Washington Rd. (04)
Logan, Mrs. Richard S.....5225 Vance
Lohman, Mrs. Robert M...1320 Westover Rd. (07)
Lorman, Mrs. James G.....4926 Midlothian
Loudermilk, Mrs. Jack L.....3032 Glencairn Dr.
Luckey, Mrs. James E.....3703 Bramble Crest Dr.
Lyster, Mrs. Richard F.....3512 Maxim Dr. (05)

M

McCallister, Mrs. John W...4215 Drury Lane (07)
McDowell, Mrs. George A...2322 Forest Park Blvd.
McEachern, Mrs. Cecil....4242 Old Mill Rd. (07)
McKeeman, Mrs Donald H.....1615 Ardmore (04)
Maldia, Mrs. Godofredo M...8717 Manor Dr. (08)
Mann, Mrs. R. E.....1316 Old Lantern Trail
Manning, Mrs. George....4115 Indiana Ave. (07)
Mastrangelo, Mrs. Michael J. 1914 Kensington Blvd.
Mensch, Mrs. James R.....2120 Forest Park Blvd.
Meyer, Mrs. Theo. O.....3728 Kirkwood
Michaelis, Mrs. Stephen C...1255 Korte Lane (07)
Miller, Mrs. Carl G.....457 Oakdale Dr. (07)
Miller, Mrs. Don E.....2503 Palisade Dr. (06)
Miller, Mrs. H. Paul.....6408 S. Calhoun (07)
Miller, Mrs. Mahlon F.....1115 Illsley (07)
Miller, Mrs. Orval J.....1810 Kensington
Miller, Mrs. Richard.....5516 Indiana (07)
Miller, Mrs. Wayne S.....Suite 104, Three Rivers East (02)
Moats, Mrs. Carl F...3210 N. Washington Rd. (04)
Moeller, Mrs. Victor C.....4723 St. Joe Center Rd.
Morey, Mrs. Edwin.....709 Kinnaird (07)
Morgan, Mrs. Milton M.....8214 Park Ridge Dr.
Mortenson, Mrs. Leland J. 1310 W. Foster Pkwy. (07)
Mueller, Mrs. Lawrence W. 3423 S. Washington Rd. (04)

N-O

Nill, Mrs. John H.....5316 South Wayne (07)
Nolan, Mrs. Gerald R. 2631 Covington Club Ct. (04)
O'Brian, Mrs. John F.....8757 Maysville Rd.
O'Rourke, Mrs. Carroll..9211 Covington Rd. (04)
Ortiz, Mrs. Ramon.....2003 Kenwood Ave.

P

Pancner, Mrs. Ronald J.....6912 Woodbrook Dr.
Parker, Mrs. C. B.....2215 Paulding Rd. (06)
Parrot, Mrs. Donald J.....4926 Chaucer
Patterson, Mrs. Jack W.....8914 Maravilla Dr.
Perrin, Mrs. Kermit F.....2828 Lake Ave.
Pickett, Mrs. Merle E.....4509 Trierwood
Popp, Mrs. Milton F.....3148 Parnell Ave.
Powell, Mrs. M. Jack..7412 Ridge Knoll Rd. (04)
Priddy, Mrs. Marvin.....3902 Bonita Place

R

Rank, Mrs. William B.....1704 Old Lantern Trail
Reed, Mrs. John D.....3940 Dalewood Dr.
Reszel, Mrs. Paul A.....4016 Hedwig Dr.
Rhee, Mrs. Sang K.....2827 Roscommon (05)
Richards, Mrs. Alan D...10102 Circlewood Dr. (04)
Richardson, Mrs. Joseph H.....8726 Fortuna Way
Rissing, Mrs. Walter J.....3200 Irvington
Roser, Mrs. Arthur J.... 5576 Covington Rd. (04)
Rossiter, Mrs. Dudley L....724 Oakdale Dr. (04)
Rothberg, Mrs. Maurice..4319 Hartman Rd. (07)
Rousseau, Mrs. John W.....3018 Devon Dr.

S

Salon, Mrs. Harry W...4017 Hiawatha Blvd. (07)
Salon, Mrs. Joel.....4935 Old Mill Rd. (07)
Salon, Mrs. Nathan L. 3505 N. Washington Rd. (04)
Sarver, Mrs. Francis E.....4629 Tacoma (07)
Savage, Mrs. Arthur R.....208 Southridge Rd.
Scheeringa, Mrs. Ronald H. 2805 Greenbriar Dr. (04)
Schlademan, Mrs. Karl R...5231 Old Mill Rd. (07)
Schleinkofer, Mrs. Robert.....4820 Midlothian
Schloss, Mrs. Robert 414 W. Sherwood Terrace (07)
Schmidt, Mrs. Eugene E.....1119 Maxine Dr. (07)
Schmoll, Mrs. Robert J.....605 W. Fairfax (07)
Schneider, Mrs. Louis A. 1351 W. Sherwood Tr. (07)
Schoen, Mrs. Frederic L.....5128 S. Wayne (07)
Schoenhals, Mrs. Charles E.....5431 Vance Ave.
Schubert, Mrs. Jerome C. 10725 Old Colony Rd. (05)
Scudder, Mrs. James.....1619 Forest Park Blvd.
Senseny, Mrs. Eugene F..3112 Beaver Ave. (07)
Shinabery, Mrs. Lawerence 212 Three Rivers North (02)
Shugart, Mrs. Robert R. 4206 N. Washington Rd. (04)
Sidel, Mrs. Alan W.....7129 Duane Dr.
Sidell, Mrs. James.....3912 Bonita Pl.
Silvero, Mrs. Hubert L...7102 Antehellum Bl. (05)
Sirlin, Mrs. E. M.....2615 Trier Rd.
Smith, Mrs. C. Curtis.....5134 Vance Ave.
Smith, Mrs. Philip L.....5416 South Wayne (07)
Smith, Mrs. Roger C.....7005 Winnebago
Snyderman, Mrs. Sanford C. 3222 N. Wash. Rd. (04)
Spencer, Mrs. C. Herbert 2106 Paulding Rd. (06)
Stanley, Mrs. Robert G. 2807 Club Terrace Rd. (04)
Stauffer, Mrs. Richard C.....3924 Spanish Trail
Steigmeyer, Mrs. David J.....6809 Woodcrest
Stier, Mrs. Paul..R. R. 6, 13120 Ravine Trail (04)
Stovall, Mrs. Alfred.....4211 Woodstock Dr.
Stucky, Mrs. Jerry L.....4167 Woodstock Ave.
Sullivan, Mrs. Robert E.....4925 Midlothian Dr.
Swearingen, Mrs. Alfred G...810 Valley-O-Pine Rd.

T

Terrill, Mrs. Richard.....4727 Old Mill Rd. (07)
Tomusk, Mrs. August N. 1620 Forest Park Blvd.
Towles, Mrs. Jeff H.....4231 Boca Trail
Trier, Mrs. Herbert P.....1618 Forest Park Blvd.
Tunnell, Mrs. Harry D. III 801 Hamilton Ave. (06)

U-V

Ungemach, Mrs. Willo F.....3929 Wenonah (07)
Vogel, Mrs. Lloyd A.....4819 Midlothian Dr.
Voorhees, Mrs. Robert J...2018 Forrest Valley Dr.

W

Wade, Mrs. Reynolds W., Jr...4105 Dalewood Dr.
Walker, Mrs. Floyd.....1202 Forest Ave.
Wallace, Mrs. Collins R.....126 Timber Lane
Weber, Mrs. John R.....5315 S. Wayne
Wick, Mrs. Alfred A.....2320 Springfield Ave.
Wilkins, Mrs. Robert W.....914 Prange Dr. (07)
Wilson, Mrs. Leslie.....4864 Reed Rd.
Wilson, Mrs. Roland B.....4100 Abbott (06)
Wright, Mrs. William C.....1834 Pemberton Dr.

Z

Zweig, Mrs. Elmer S.....2015 Pemberton

New Haven
(*Zip Code* 46774)

Dahling, Mrs. C. Wallace..Carefree Farms, R. R. 2
Dahling, Mrs. Fred W.....R. R. 1, Box 9A
Hoetzer, Mrs. Eldore M.....5233 Doyle Rd.
Stumpf, Mrs. Edwin E.....1316 Werling Rd.

Somers, Mrs. Gerald.....R. R. 2, Box 41B, Angola (46703)
Harvey, Mrs. H. C.....107 Methodist Dr., Franklin (46131)
Gentile, Mrs. J. Paul.....R. R. 1, Grabill (46741)
Mackel, Mrs. Frederick R. R. 1, Huntertown (46748)
Miller, Mrs. Wayne S.....610 N. Jefferson St., Huntington (46750)
Harless, Mrs. O. Fred.....Monroeville (46773)
Schlegel, Mrs. Edward 2009 Freize Ave., Ann Arbor, Mich. (48104)

BARTHOLOMEW-BROWN COUNTIES

Columbus
(*Zip Code* 47201)

Able, Mrs. Walter.....R. R. 2
Adler, Mrs. David L.....4224 N. Riverside Dr.
Beggs, Mrs. Lowell F.....2733 Riverside Dr.
Brewer, Mrs. David.....2323 Marr Rd.
Bush, Mrs. Robert.....2729 Riverside Dr.
Daugherty, Mrs. Forest D...R. R. 1, Indian Hills
Davis, Mrs. Marvin R.....2300 N. Washington St.
Dugan, Mrs. Thomas.....2661 18th St.
Echsner, Mrs. Herman J.....300 Tipton Lane
Fisher, Mrs. Walter S.....3450 Nugent
Fortner, Mrs. Roy E.....3021 Tulip Drive
Fuller, Mrs. Robert.....R. R. 1, Taylor Rd.
Gammell, Mrs. Lindley L.....602 22nd St.
Grainger, Mrs. Bernard A.....1431 Hunter Pl.
Hart, Mrs. Robert B.....1203 16th St.
Hauersperger, Mrs. Alfred D...4450 N. Riverside Dr.
Hawes, Mrs. Marvin E.....2975 Franklin Dr
Henry, Mrs. Alvin L.....1926 Lafayette Avenue
Holden, Mrs. Robert.....3631 Arlington
Jacobs, Mrs. E. Robert.....1829 California
Jacobs, Mrs. Robert.....2710 Taylor Rd.
James, Mrs. Carroll.....2634 Chestnut
Knotts, Mrs. Halleck S.....2740 Washington St.
Krueger, Mrs. Robert B.....811 27th St.
Libbert, Mrs. Edwin L.....3377 Woodland Pl.
Macy, Mrs. George W.....2335 Riverside Dr.
Marr, Mrs. Griffith.....Marr Rd., R. R. 1
McCullough, Mrs. Henry G. Old Indianapolis Rd., R. R. 4
Mohler, Mrs. Floyd W.....308 Sunset Dr.
Nelson, Mrs. Bryan.....3031 Revere Court
Norton, Mrs. Harold J.....909 Pearl St.
O'Bryan, Mrs. Richard B...3306 Grove Parkway
Overshiner, Mrs. Lyman.....1715 Franklin St.
Ranck, Mrs. Benjamin A.....3370 Grove Parkway
Rau, Mrs. Charles A.....1312 Audubon Dr.
Reid, Mrs. Robert M.....2712 Lafayette Ave.
Richmond, Mrs. Harold W.....1725 Washington
Ryan, Mrs. C. David.....4025 N. Riverside Dr.
Ryan, Mrs. Wm. J.....3224 Grove Parkway
Sandlin, Mrs. Donald L.....R. R. 7
Schmitt, Mrs. Richard K.....2639 Riverside Dr.
Schneider, Mrs. Kenneth D...4250 N. Riverside Dr.
Sebehar, Mrs. Duane A.....2640 18th St.
Sigmund, Mrs. Wm. B.....P.O. Box 306
Stribling, Mrs. James L.....4232 N. Riverside Dr.
Weinland, Mrs. George C.....R. R. 5
Weisenberger, Mrs. Brockton..3305 Wooland Pkwy.
Wickstrom, Mrs. Otto W.....203 Newsom
Wickstrom, Mrs. Otto W., Jr.....3412 Grove Place
Wigh, Mrs. Russell.....2767 Lafayette Ave.
Wissman, Mrs. William..3374Woodland Parkway
Zaring, Mrs. Byron K.....2419 Riverside Dr.

Seibel, Mrs. Robert M.....Nashville (47448)
Updike, Mrs. Jan.....Nashville (47448)

BOONE COUNTY

Lebanon
(*Zip Code* 46052)

Boyer, Mrs. Don.....210 E. Drive
Coons, Mrs. John D.....121 Ulen Blvd.
Coons, Mrs. Ritchie.....138 Ulen Blvd.
Honan, Mrs. Paul.....202 East Dr.
Kern, Mrs. Clarence G.....1019 N. Meridian
Lenox, Mrs. Jack.....203 East Dr.
McAfee, Mrs. James.....1997 Terrace Lane
Mukhtar, Mrs. Fuad.....126 Ulen Blvd.
Perkins, Mrs. Thornton.....2213 Terrace Lane
Weddle, Mrs. Charles O.....2209 Terrace Lane
Westerfield, Mrs. Gordon..211 E. Washington St.
Wiseheart, Mrs. Robert H.....123 Ulen Blvd.

Schaaf, Mrs. Alvin D.....Jamestown (46147)
Gregg, Mrs. Edwin.....110 W. Main, Thorntown (46071)

CARROLL COUNTY

Delphi
(*Zip Code* 46923)

Baker, Mrs. Eldon E.....R. R. 4, Box 144
Petry, Mrs. T. Neal.....130 W. Summit St.
Seese, Mrs. Robert M.....201 W. North St.
Wagoner, Mrs. Geo. W.....305 W. Summit St.

Wise, Mrs. Charles L.....Shangrala, Camden (46917)

CASS COUNTY

Logansport
(*Zip Code* 46947)

Bailey, Mrs. Earl W.....2522 North
Bean, Mrs. Joseph S.....R. R. 1, Box 167
Brewer, Mrs. Robert A.....803 E. Broadway
Burnett, Mrs. Paul C.....2606 High St. Rd.
Calisto, Mrs. Ruben.....2708 Elmwood Dr.
Dian, Mrs. August J.....Logansport State Hosp.
Eckert, Mrs. Russell A.....15 Frederick St.
Fish, Mrs. James C.....Greenlawn Dr.
Glendening, Mrs. Richard L.....2300 Broadway
Hall, Mrs. Bernard R.....3400 E. Broadway
Hedde, Mrs. Eugene L.....2304 Chase Rd.
Hillis, Mrs. L. J.....2410 Hastye Hyll
Horning, Mrs. Richard R. Logansport State Hospital
Howard, Mrs. Joseph D.....829 E. Market St.
Jones, Mrs. J. Carl.....R. R. 3
Karnafel, Mrs. Eugene T.....R. R. 2, Box 80
King, Mrs. Jay M.....2319 Mayfair Dr.
Mamaril, Mrs. B. F.....17 Cleveland St.
Maschmeyer, Mrs. R. H. Logansport State Hospital
Morrical, Mrs. Russell J.....415 Highland
Pfuetze, Mrs. Max E.....1511 North St.
Viney, Mrs. Charles L.....26th and High St.
Williams, Mrs. Earl K.....1214 E. Broadway
Wilson, Mrs. Paul H.....2600 Hastye Hyll

Morrical, Mrs. D. L.....10409 112th St., S.W., Lakewood, Wash. (98498)

CLARK COUNTY

Charlestown
(*Zip Code* 47111)

Goodman, Mrs. Eli.....333 Oriole Dr.
Horlander, Mrs. Fridolin.....Stacy Road
Jones, Mrs. David.....State Rd. 403
Voskuhl, Mrs. William L.....Redbud Dr.

Clarksville

(*Zip Code* 47131)

McKechnie, Mrs. Robert K...1554 Blackiston Mill Rd.
Mudd, Mrs. Joseph.....103 Rosewood Dr.
Willner, Mrs. Alan.....214 Rosewood Dr.
Wolverton, Mrs. George.....115 Rosewood Dr.

Jeffersonville

(*Zip Code* 47130)

Buckley, Mrs. Ernest.....1469 E. 8th St.
Carney, Mrs. J. T.....2602 Hollywood Dr.
Clark, Mrs. William B.....435 Spring St.
Golden, Mrs. Wm. Y.....1929 Utica Pike
Gutman, Mrs. Gordon..R. R. 3, Blackiston Mill Rd.
Havens, Mrs. Alfred Lyle..... 1934 Utica Pike
Huoni, Mrs. John.....6 Blanchel Terrace
Isler, Mrs. Nathaniel C.....901 Morningside Dr.
Oca, Mrs. Clemente F.....2101 Utica Pike
Reed, Mrs. Edsel.....4 Pawnee Dr.
Roby, Mrs. A. L.....Rt. 9, Box 91, Utica Pike

Sellersburg

(*Zip Code* 47172)

Meyer, Mrs. Claude J.....225 W. Utica St.
Regan, Mrs. George.....7917 Highway 31W
Sturgis, Mrs. Donald G.....542 Linnwood
Vandevert, Mrs. Arthur.....202 Highland

Carr, Mrs. Joseph H., Pine Rd., Henryville (47126)
Greene, Mrs. W. R.....Henryville (47126)
Bizer, Mrs. Mier....502 Country Lane, Louisville, Ky. (40205)
Cosio, Mrs. Julio....404 Club Lane, Louisville, Ky. (40205)
Duque, Mrs. Fausto..407 Rolling Lane, Louisville, Ky. (40207)

DEARBORN COUNTY

Aurora

(*Zip Code* 47001)

Baker, Mrs. Leslie M.....204 Fifth St.
Frable, Mrs. Frank.....412 Sunnyside Ave.

Schaen, Mrs. Michael.....Dillsboro (47018)
Fessler, Mrs. Gordon.....Rising Sun (47040)
Mauricio, Mrs. Amado.....412 S. High St., Rising Sun (47040)

Lawrenceburg

(*Zip Code* 47025)

Bowen, Mrs. Gerald.....808 Tanner Ave.
Conrad, Mrs. Henry.....370 Bielby Rd.
Houston, Mrs. Fred D.....533 Ludlow St.
Morrison, Mrs. George.....35 DeJerns Lane
Pfeifer, Mrs. James M.....550 Ludlow
Rhodes, Mrs. Alfred.....548 Ridge Ave.
Scudder, Mrs. Gary E.....Kirby Ave.
Streck, Mrs. Francis A.....547 Ridge Ave.

DECATUR COUNTY

Greensburg

(*Zip Code* 47240)

Acher, Mrs. Robert P.....446 E. Washington
Callaghan, Mrs. W. C.....403 Barachel Lane
Dickson, Mrs. Dale D.....700 N. East St.
Domingo, Mrs. Richard C.....R.R. 3, Hillcrest
Ducanes, Mrs. Arnold D.....R.R. 3, Hillcrest
Miller, Mrs. James C.....178 N. Michigan Ave.
Morrison, Mrs. J. Trevor....161 N. Michigan Ave.
Shaffer, Mrs. William R.....214 N. Franklin

DELAWARE-BLACKFORD COUNTIES

Hill, Mrs. Robert.....Yorktown (47396)
Hurley, Mrs. John
P.O. Box 545, Daleville (47334)
Puterbaugh, Mrs. Karl.....Albany (47320)
Montgomery, Mrs. Lall G.
Box 149A, RFD 1, Gaston (47342)
Egger, Mrs. Ross
R.R. 1, Box 182, Middletown (47356)
Owsley, Mrs. Guy...214 N. High St., Hartford City (47348)

Muncie

(*Zip Code* 47304 *unless otherwise indicated*)

A

Adams, Mrs. William B.....4608 W. Jackson St.
Alexander, Mrs. Jack.....2301 Audubon
Alvey, Mrs. Charles R.....3830 University Ave.
Ashburn, Mrs. Clarence.....2202 W. Purdue Rd.

B

Ball, Mrs. Clay A.....23 Green Briar Apts.
Ball, Mrs. Philip.....2820 W. Main St.
Benken, Mrs. Lawrence.....11 Hampshire
Bergwall, Mrs. Warren.....20 Burnell Dr.
Bibler, Mrs. Henry.....2625 S. Parkway Dr.
Border, Mrs. John F.....3009 Gishler Dr.
Botkin, Mrs. Thomas
R. R. 7, Box 145, Brevington Woods (02)
Branam, Mrs. George.....38 Warwick Rd.
Brown, Mrs. Leland.....605 Waid Ave.
Brown, Mrs. Stewart D.....19 Hickory Rd. (03)
Brown, Mrs. Thomas.....R. R. 6, Box 191 (02)
Burwell, Mrs. Stanley W.....3124 W. Gilbert
Butterfield, Mrs. R. M.....222 Winthrop Rd.
Butz, Mrs. Ralph O.....3824 Riverside Ave.

C

Clark, Mrs. Robert.....3124 University Ave.
Cole, Mrs. Larry.....215 Riverside Ave.
Cooley, Mrs. Paul P.....3003 Oaklyn
Covalt, Mrs. Wendell E.....304 Alden
Cullison, Mrs. John.....2601 Parkway Dr.

D

Dersch, Mrs. David.....305 Greenbriar
Dietz, Mrs. David J.....1713 Brentwood Lane
Dunning, Mrs. Thomas.....3301 N. Tillotson Ave.
Dutchman, Mrs. William R.....1003 N. Shellbark

E-F

Fiederlein, Mrs. Frederick.....308 Wildwood

G

Geckler, Mrs. Charles E...1007 W. North St. (03)
Gibson, Mrs. Robert.....2306 Timber Lane
Goodell, Mrs. Charles.....5 Briar Rd.
Gray, Mrs. Stuart.....2415 Vernon Dr.
Greiber, Mrs. Marvin.....310 Riley Rd.
Gustafson, Mrs. Milton H.....230 Stradling Rd.

H-I

Hall, Mrs. Robert S.....701 Brentwood
Hayes, Mrs. T. R.....19 Warwick Rd.
Henderson, Mrs. Ramon.....52 Warwick Rd.
High, Mrs. Ralph.....2825 University Ave.
Hollingsworth, Mrs. Thomas....4028 Woodway Dr.
Holmes, Mrs. John.....908 W. Gilbert (05)
Hostetter, Mrs. I. S.....300 Winthrop Rd.
Imhof, Mrs. J. D.....46 Warwick Rd.
Jay, Mrs. Arthur.....1700 Winthrop

K

Kalker, Mrs. Morton.....704 Greenbriar Rd.
Kammer, Mrs. Walter F.....1012 Ashland (03)
Ko, Mrs. Richard.....R. R. 7, Box 366 (02)
Koch, Mrs. Edwin F., Jr.....915 University Ave.
Koss, Mrs. K. William.....707 Greenbriar
Kress, Mrs. James W.....300 Mitchell Court (02)

L

Lawson, Mrs. Lawrence.....3117 Petty Rd.

M-N

Mathewson, Mrs. R. C.
R. R. 9, Box 157, Benton Rd.
McCallister, Mrs. Larry.....25 Warwick Rd.
McClintock, Mrs. James A...3121 University Ave.

Moore, Mrs. Jack.....2306 Park Lane
Nelson, Mrs. Harold E.....3216 Torquay Rd.
Newnam, Mrs. Philip.....2500 Brooks Dr.

O

Osborne, Mrs. John.....3119 Petty Road

P-Q

Peacock, Mrs. Robert.....R. R. 3 (02)
Pippinger, Mrs. Joseph
2200 Twickingham Dr. (02)
Pippinger, Mrs. W. G.....1200 N. Tillotson
Quick, Mrs. William J.....Moore Rd., R. R. 7 (05)

R

Reedy, Mrs. Richard.....118 Allen Rd.
Rivers, Mrs. Glynn.....307 Alden Rd.
Roch, Mrs. Marshall.....312 Shady Lane

S

Schulhof, Mrs. M. G.....1914 Woodmont (04)
Searight, Mrs. Howard
R. R. 2, Box 66, Burlington Drive (02)
Speck, Mrs. Carlson.....3208 University
Stanley, Mrs. John R.....2303 Redding (02)
Stibbins, Mrs. Warren E.....609 Brentwood
Stout, Mrs. Francis E.....102 Berwyn Rd. (04)

T

Taylor, Mrs. Donald.....8 Wildwood Lane
Tharp, Mrs. Donald.....3121 Petty Rd.
Tharp, Mrs. John.....2214 Twickingham Dr.
Tomlin, Mrs. Hugh M.....2920 Beechwood Ave.

V-W

Voss, Mrs. Gert.....77 Warwick Rd.
Ware, Mrs. Herbert.....1700 Glen Ellyn
Weisner, Mrs. Richard
R. R. 3, Box 347, Oaklawn (02)
Wince, Mrs. Leland.....3600 Brook Dr.

Y

Young, Mrs. G. S.....114 Berwyn Rd.

Cooper, Mrs. John H.....R. R. 1, Eaton (47338)
Hinchman, Mrs. Jean.....Parker (47368)
Gill, Mrs. Thomas A.....121 S. 16th St., Richmond (47374)
Hill, Mrs. Robert.....Yorktown (47396)
Walker, Mrs. Jack.....R. R. 1, Box 163A, Yorktown (47396)
Philbert, Mrs. Richard.....3423 Blackhawk Rd., Lafayette, Calif. (94549)

DUBOIS COUNTY

Barrow, Mrs. John H..Dale, P. O. Box 128 (47523)
Backer, Mrs. Henry George
Ohio St., Ferdinand (47532)
Erhart, Mrs. Herbert G.....Ferdinand (47532)
Fajardo, Mrs. Manuel
Box 126, Ferdinand (47532)
Heck, Mrs. Martin.....Christmas Lake Village, Santa Claus (47579)

Huntingburg

(*Zip Code* 47542)

Amini, Mrs. Sohrab.....Huntingburg
Borges, Mrs. Victor J.....Leland Dr.
Bretz, Mrs. John.....Orchard Ridge
Craig, Mrs. Harry.....R. R. 1
Scales, Mrs. Alfred B.....Holland Rd.
Scales, Mrs. Allen D.....Cedar Heights
Stork, Mrs. Harvey K.....523 First St.

Jasper

(*Zip Code* 47546)

Beaven, Mrs. John.....910 W. 13th St.
Bomalaski, Mrs. Don.....501 W. Ninth St.
Gootee, Mrs. Francis.....R. R. 1
Gootee, Mrs. Thomas.....1328 Dorbett St.
Held, Mrs. George A.....716 W. Ninth
Klamer, Mrs. Charles H.....616 W. 13th St.
Ploetner, Mrs. Edward.....1344 Dorbett St.
Salb, Mrs. J. P.....R. R. 5, Box 3A
Wagner, Mrs. Arthur L.....825 W. 13th St.

ELKHART COUNTY

Bristol

(*Zip Code* 46507)

Neidballa, Mrs. E. G.....W. Vistula St.
Schlosser, Mrs. H. C.
Seven Gables, W. Vistula St., Box 57

Elkhart

(*Zip Code* 46514)

Atwood, Mrs. Wm. H., Jr.....303 S. Nappanee St.
Bender, Mrs. Robert L.....300 Robair Lane
Benson, Mrs. James E.....1629 Rainbow Bend Dr.
Billings, Mrs. Elmer R.....2022 E. Jackson Blvd.
Bloom, Mrs. George R.....1100 E. Jackson Blvd.
Boling, Mrs. Richard C.....217 Riverdale Dr.
Bowdoin, Mrs. George E.....2725 Vernon Ave.
Campbell, Mrs. Patrick B.....1517 Meadow Lane
Cassim, Mrs. Rechad M.....534 Southwest Blvd.
Classen, Mrs. Pete R. C.....Prairie St. Rd., R. R. 4
Compton, Mrs. Walter A.....2225 Greenleaf Blvd.
Cormican, Mrs. Herbert L.
1950 Rainbow Bend Blvd.
Dovey, Mrs. Edward G., Jr...1604 Springbrook Dr.
Durham, Mrs. Thomas E.....135 S. Vine St.
Echeverria, Mrs. Rodolfo E..1665 North Shore Dr.
Elliott, Mrs. Thomas A.....5 Kim Court
Finfrock, Mrs. James D.....608 S. West Blvd.
Fleming, Mrs. Claude F.....229 W. Jackson Blvd.
Futterknecht, Mrs. James O..1640 Brookwood Dr.
Gattman, Mrs. G. Beach.....1319 Lawn Ave.
Hannah, Mrs. Jack W.....1906 E. Jackson Blvd.
Harrell, Mrs. Ronald R.....R. R. 5, Box 31-9
Heiser, Mrs. Ervin.....520 South West Blvd.
Heminway, Mrs. Norman L.
1700 Rainbow Bend Blvd.
Horswell, Mrs. R. G.....1629 E. Jackson Blvd.
Hull, Mrs. Arthur W.....3333 Greenleaf Blvd.
Jones, Mrs. Robert B., Jr.
1839 Rainbow Bend Blvd.
Kesim, Mrs. Mufit Husam
1608 Springbrook Drive
Kinter, Mrs. Burton E.....3520 E. Jackson Blvd.
Krause, Mrs. Frederick.....9 Rio Lindo Dr.
Lundt, Mrs. Milo O.....519 S. Second St.
Luther, Mrs. William C.....3006 East Lake Dr. S.
McArt, Mrs. Bruce A.....2412 Kenilworth Dr.
Mark, Mrs. George A.....3139 Frailey Dr.
Markel, Mrs. Ivan J.....215 W. Franklin St.
Martin, Mrs. Paul H.....1519 Strong Ave.
Miller, Mrs. Donald G.....1520 E. Mishawaka Rd.
Miller, Mrs. Galen R.....2229 Thorndale Ct.
Miller, Mrs. Hugh A., Jr.....417 Prospect St.
Miller, Mrs. Samuel T.....174 Witmer Ave.
Mininger, Mrs. Edward P...1118 E. Jackson Blvd.
Mishkin, Mrs. Irving...1809 Rainbow Bend Blvd.
Mishkin, Mrs. Marvin E.
522 S. Highland Ave.
O'Donovan, Mrs. C. J.....2308 Broadmoor Dr.
Paff, Mrs. Wm. A.....1509 Meadow Lane
Paine, Mrs. George E.....329 Meisner Ave.
Pancost, Mrs. Vernon K.....160 Riverview Ave.
Papadopoulos, Mrs. Aris.....1729 Victoria Dr.
Parshall, Mrs. Dale B.....3538 Gordon Rd.
Peterson, Mrs. James H...1773 E. Beardsley Ave.
Pletcher, Mrs. William D.....350 Hiawatha Drive
Rouen, Mrs. Robert L.....2002 E. Jackson Blvd.
Rupe, Mrs. Lloyd O.....R. R. 4, Oakland Ave. Rd.
Rupel, Mrs. Dennis F.....130 W. Beardsley Ave.
Scheer, Mrs. Alexander L.....1529 Ash Dr., E.
South, Mrs. Dale R., Jr.....21 St. Joe Manor
Spray, Mrs. Page E.....658 Kilbourn St.
Stubbins, Mrs. William..1703 Rainbow Bend Blvd.

Swihart, Mrs. Danny D.....1219 Greenleaf Blvd.
Swihart, Mrs. Homer R.....1621 E. Jackson Blvd.
Whitlock, Mrs. Coleman M., Jr.
1509 Riverview Dr., R. R. 5
Wilson, Mrs. Orley E.....2505 Greenleaf Blvd.
Work, Mrs. James A., Jr.....22 St. Joseph Manor
Yoder, Mrs. C. Richard..1600 Rainbow Bend Blvd.
Zeitler, Mrs. Philip S.....1509 Meadow Lane

Goshen
(*Zip Code* 46526)

Bender, Mrs. John M.....Box 36K, R. R. 5
Bigler, Mrs. Frederick W.....124 Parmley Dr.
Bowser, Mrs. Philip G.....707 S. 7th St.
Chandler, Mrs. Leon H.....412 S. Fifth St.
Freeman, Mrs. Floyd M.....309 E. Washington St.
Graber, Mrs. Virgil R.....R. R. 2, Box 107
Gunderson, Mrs. Shaun D.....R. R. 3
Haney, Mrs. Leslie.....R. R. 3
Harris, Mrs. Neil Revere.....628 S. 5th St.
Kennedy, Mrs. Myron S.....R. R. 5, Box 22B
Krabill, Mrs. Willard S.....120 Carter Rd.
Martin, Mrs. Floyd S.....2301 S. Main St.
Massanari, Mrs. Walter S.....211 Egbert Rd.
Minter, Mrs. Donald L.....2604 Woodlawn Dr.
Price, Mrs. Robert W.....214 South 6th
Smucker, Mrs. Ernest E.....R. R. 5, Bluff Rd.
Troyer, Mrs. Dana O.....1727 S. 13th St.
Troyer, Mrs. George W.....110 Woodlawn Dr.
Turner, Mrs. John P.....507 Greene Road
Westfall, Mrs. George S.....307 W. Kercher Rd.
Yoder, Mrs. Carl J.....R.R. 5
Yoder, Mrs. Jonathan G.....900 LeRoy St.
Yoder, Mrs. Marion K.....R.R. 5, Riverview Dr.

Nappanee
(*Zip Code* 46550)

Graber, Mrs. Alvin Ray.....R. R. 1, Box 216
Kendall, Mrs. F. M.....654 Woodland
Price, Mrs. Douglas W.....607 E. Van Buren

Fosbrink, Mrs. E. L.....218 S. Huntington, Box 157, Syracuse (46567)
Quilty, Mrs. Thomas J..R. R. 1, New Paris (46553)

Wakarusa
(*Zip Code* 46573)

Abel, Mrs. Robert.....105 E. Harrison
Guttman, Mrs. John B. .....109 Broadview Dr.
Miller, Mrs. James R...306 W. Waterford, Box 446

FAYETTE-FRANKLIN COUNTIES

Brookville
(*Zip Code* 47012)

Seal, Mrs. Perry F.....901 Main
Smith, Mrs. H. N.....812 Main

Connersville
(*Zip Code* 47331)

Clark, Mrs. Helen Nevin.....401 Western Ave.
Ellis, Mrs. George M.....108 East 10th St.
Gregg, Mrs. Albert F.....900 Oak St.
Hudson, Mrs. Arlington M.....Alquina Rd.
Janes, Mrs. R. G.....8 Dorsett Dr., R. R. 2
Kauffman, Mrs. Robert W.....R. F. D. 2
Kerrigan, Mrs. William F. .....R. F. D. 6
Lockhart, Mrs. Jack M.....308 West Dr.
Mountain, Mrs. Francis B.....320 Center Dr.
Neukamp, Mrs. Frank H.....R. R. 6
Renforth, Mrs. William.....612 Tulip Lane
Sanders, Mrs. Bertram W.....1533 Virginia Ave.
Steinem, Mrs. Joseph L.....R. R. 3
Watterson, Mrs. Gerald T.....1704 Virginia Ave.

FLOYD COUNTY

Jeffersonville
(*Zip Code* 47130)

Baxter, Mrs. S. M.....3100 Centralia Ct.
Bundy, Mrs. Vernon.....1308 Triangle Dr.
Gentile, Mrs. John P.....3405 Centralia Ct.

New Albany
(*Zip Code* 47150)

Baxter, Mrs. J. W., Jr.....426 Woodrow Ave.
Best, Mrs. Maurice M.....1233 Vance Ave.
Bowman, Mrs. Leon.....927 Pennwood Dr.
Brown, Mrs. K. H.....1654 Hedden Park
Buchman, Mrs. Marshall.....1824 State St.
Cannon, Mrs. Daniel H.....1203 E. Spring St.
Cook, Mrs. Melvin.....2505 Glenwood Park
Garner, Mrs. William H., Jr.....1510 Sunset Dr.
Garner, Mrs. Wm. H., Sr.....922 E. Spring St.
Hess, Mrs. P. Patrick.....1313 Ridgeway Ave.
Johnson, Mrs. William V.....1540 Sunset Dr.
Jones, Mrs. Thomas.....1647 Hedden Park
LaFollette, Mrs. Donald R.
Box 494-1, R. R. 2, Quarry Road
LaFollette, Mrs. Robert E.....2515 Glenwood Ct.
Nedelkoff, Mrs. Bogdan.....R. R. 2, Box 500
Paris, Mrs. John M.....2003 Lindbergh Ct.
Pierce, Mrs. Gene S.....1425 Bellmeade Dr.
Pope, Mrs. Howard.....1003 Castlewood Dr.
Robertson, Mrs. A. N.....323 E. Ninth St.
Ruoff, Mrs. William.....1109 Lafayette Dr.
Sonne, Mrs. Irvin H.....1546 Sunset Dr.
Streepey, Mrs. Jefferson I.....1919 DePauw Ave.
Voyles, Mrs. Harry.....425 Beharrel Ave.
Wallace, Mrs. Elmer L.....1804 DePauw Ave.
Wolfe, Mrs. Morton F.....2533 Glenwood Ct.
Wolfe, Mrs. Nelson A.....2007 Graybrook Lane
Worley, Mrs. H. L.....1923 DePauw Ave.
Youngs, Mrs. Paul E.....308 Ellen Court

Bickers, Mrs. Everett E.....R. R. 2, Box 428, Old Hill Rd., Floyds Knobs (47119)
Higgins, Mrs. John R.
R. R. 2, Box 405-C, Floyds Knobs (47119)
McCullough, Mrs. James
Box 447, Skyline Drive, Floyds Knobs (47119)
Receveur, Mrs. Robert E.
R.R. 1, Box 50-A, Floyds Knobs (47119)

FULTON COUNTY

Miller, Mrs. Virgil C.....P. O. Box 37, Akron (46910)
Kraning, Mrs. Kenneth K.
834 West Shore Dr., Culver (46511)
Rosero, Mrs. M. Geo.....Kewanna (46939)

Rochester
(*Zip Code* 46975)

Herendeen, Mrs. Elbie V.....317 W. Seventh St.
Knochel, Mrs. Wayne.....R. R. 2, Box 119-A
Richardson, Mrs. Chas. L.....R. R. 2, Box 276
Richardson, Mrs. Joseph D.....R. R. 2
Rowe, Mrs. Howard H.....417 W. Ninth St.
Rusler, Mrs. William J.....R. R. 2
Stinson, Mrs. Dean K.....1318 Main St.

GIBSON COUNTY

Geick, Mrs. Raymond G...207 N. Main, Ft. Branch (47533)
Marchand, Mrs. Edwin V.....Haubstadt (47539)
Noveroske, Mrs. Richard J.....3901 Lincoln Ave., Evansville (47715)

Oakland City
(*Zip Code* 47560)

Dye, Mrs. William E.....518 S. Jackson St.

Princeton
(*Zip Code* 47570)

Carpentier, Mrs. Harry F.....319 E. State St.

Folck, Mrs. John K.....528 N. Main St.
Graves, Mrs. Orville M.....125 W. Walnut St.
McCarty, Mrs. Virgil.....403 W. Spruce St.
McElroy, Mrs. Robert S.....404 W. Walnut St.
Peck, Mrs. James F.....605 W. Monroe St.
Weitzel, Mrs. Roland E.....309 W. Spruce St.
Wells, Mrs. William R.....Broadview Addition

GRANT COUNTY

Marion

(*Zip Code* 46952)

Abell, Mrs. Charles F.....717 Jeffras Ave., P.O. Box 95
Adams, Mrs. Luther V.A. Hospital, Staff Quarters 38
Alderfer, Mrs. Henry.....919 Euclid Ave.
Ansbacher, Mrs. Stefan.....1115 Overlook Rd.
Ayres, Mrs. W. W.....1807 Hawthorne Rd.
Baluyut, Mrs. Amando.....2146 E. Frederick Dr.
Beck, Mrs. Thomas.....R. R. 4, Box 90
Belcher, Mrs. Alan D.....R. 1, 503 Peconga Dr.
Bennett, Mrs. Ed. R.....V. A. Hospital
Boldy, Mrs. Mirhan...2146 Frederick Dr. Apt. A.
Braunlin, Mrs. Robert.....P.O. Box 467
Brown, Mrs. Robert M.....825 Euclid Ave.
Caldwell, Mrs. Richard B.....625 W. Fourth St.
Chan, Mrs. John.....2105-D Frederick Dr.
Chaney, Mrs. Robert D....2565 W. Breezewood Dr.
Comeau, Mrs. Wm. J., Jr.....918 Hawthorne Rd.
Cunningham, Mrs. Robert.....1017 Euclid Ave.
Davis, Mrs. Joseph B.....1315 Sheridan Rd.
Davis, Mrs. Merrill S.....723 Euclid Ave.
Donaldson, Mrs. Miles.....512 Spencer Ave.
Fisher, Mrs. Henry.....R. R. 4
Fisher, Mrs. Pierre J., Jr.....911 Overlook Rd.
Fuelling, Mrs. James....4285 North Road, R. R. 7
Ganz, Mrs. Max.....904 Jeffras Ave.
Goldsmith, Mrs. David.....2711 River Rd.
Grant, Mrs. Arthur M.....3602 Wildwood Dr.
Guevara, Mrs. Teodoro....121 N. Washington St.
Hemphill, Mrs. Roger.....1609 Chapel Pike
Hummel, Mrs. R. M.....2411 Lommel Lane
Jarrett, Mrs. John C.....3418 Wildwood Dr.
Kershner, Mrs. Charles R.....915 Wabash Ave.
Khalouf, Mrs. Herbert C.....2036 Kem Rd.
Lahr, Mrs. Richard.....815 Jeffras Ave.
Lavengood, Mrs. Russell W....1195 E. Charles Rd., R. R. 7
Long, Mrs. Max R.....910 Spencer Ave.
Lonngren, Mrs. Dudley.....611 Cardinal Lane
Miller, Mrs. H. Allison.....1010 W. Fourth St.
Musselman, Mrs. L. K.....673 E. 200 S.
Pattison, Mrs. John D.....1315 Elm Lane
Pearcy, Mrs. Marcene 2970 North Road, 220 East, R. R. 7
Powell, Mrs. J. P.....127 River Dr.
Reid, Mrs. James D.....932 Gustave Pl.
Renbarger, Mrs. Lester.....2111 Wabash Pike
Rhamy, Mrs. Donald E.....310 N. Charles Rd.
Rhorer, Mrs. John G.....711 Wabash Ave.
Shuck, Mrs. William A., Jr.....1114 Overlook Rd.
Simmons, Mrs. Frederick H.....2607 Beech Lane
Skomp, Mrs. Claud E.....1123 Euclid Ave.
Smith, Mrs. Barton T.....515 Val Lane
Smith, Mrs. Eurett E.....R. R. 1, 511 Peconga
Thompson, Mrs. B. Jay.....123 River Dr.
Thompson, Mrs. Samuel R.....804 W. Nelson St.
Tomlinson, Mrs. Jerry A.....203 North E. St.
Walton, Mrs. R. Lee.....607 Cardinal Lane
Warren, Mrs. Carroll B.....1211 Euclid Ave.
Wilson, Mrs. Ned A.....2455 River Rd.
Young, Mrs. Robert G.....1207 Northwood Dr.

Shrock, Mrs. E. E.....Box 187, Amboy (46911)
Malott, Mrs. Fred.....Converse (46919)
Yale. Mrs. Charles 524 S. Main St., Fairmount (46928)
Garrison, Mrs. L. J.....515 E. Main St., Gas City (46933)
Koontz, Mrs. William A.....334 E. Main, Gas City (46933)
Shoemaker, Mrs. Richard L.....604 N. Third St., Gas City (46933)
Baskett, Mrs. R. J.....412 S. Main St., Jonesboro (46938)
Poehler, Mrs. Frederick C...LaFountaine (46940)
Taylor, Mrs. E. C...226 E. Anson, Upland (46989)
Rifner, Mrs. Eugene....1051 N. 500 E, Van Buren (46991)
Rhamy, Mrs. Arthur P....R.R. 5, Wabash (46992)

HAMILTON COUNTY

Karlick, Mrs. Joseph R.....Arcadia (46030)
Donahue, Mrs. C. M. 140 E. Main St., Carmel (46032)
Thomas, Mrs. W. Clayton 80 4th Ave. S.E., Carmel (46032)

Noblesville

(*Zip Code* 46060)

Ambrose, Mrs. J. C.....298 N. Ninth St.
Blackburn, Mrs. Howard..14010 Allisonville Rd.
Dillon, Mrs. James.....1717 Conner
Hash, Mrs. John S.....R. R. 4
Havens, Mrs. Oscar R. R. 1, Box 113Q, West Mount Add.
Haywood, Mrs. John G.....Craig Highlands
Kraft, Mrs. Haldon C.....15075 Allisonville Rd.
Lanning, Mrs. R. Adrian.....R. R. 2
Lloyd, Mrs. Joe R.....559 Sunset Dr.
Shanks, Mrs. Ray W.....1507 Logan St.

Manhart, Mrs. Doyle B.....R. R. 2, Sheridan (46069)
Newby, Mrs. Eugene.....R. R. 1, Sheridan (46069)
Waitt, Mrs. Paul.....R.R. 2, Sheridan (46069)
Connoy, Mrs. Leo 139 N. Union, Westfield (46074)

HANCOCK COUNTY

Scott, Mrs. Robert.....Charlottesville (46117)
Garrison, Mrs. James.....Cumberland (46229)
Rhynearson, Mrs. Hal R. 306 W. Staat St., Fortville (46040)
Arive, Mrs. Floro F.....12205 Old Orchard Dr., Indianapolis (46236)
Thomas, Mrs. Andrew.....2129 Braeburn Pkwy., Indianapolis (46219)

Greenfield

(*Zip Code* 46140)

Adams, Mrs. Robert.....822 Oak Blvd.
Anderson, Mrs. James T.....1302 Bittersweet Dr.
Beeson, Mrs. Wilbur.....209 N. Penn
Endicott, Mrs. Wayne.....115 McClelland
Farrell, Mrs. John J., Jr.....North St., Rd. 9
Henn, Mrs. R. Anthony.....137 W. Michigan
Hunter, Mrs. Donn R.....843 Maple Dr.
Kinneman, Mrs. Robert E.....120 McClelland Dr.
Kirby, Mrs. Ted C.....122 Grandison Rd.
Moenning, Mrs. John E.....R.R. 4, Box 311A
Pareja, Mrs. Frank.....1420 Bittersweet
Singco, Mrs. Bienvenido O.....1513 Brunner Dr.
Smith, Mrs. John H.....144 Grandison Rd.
Vingis, Mrs. Bronie A.....705 N. State St.
Woods, Mrs. James R.....18 Lincoln

Cagle, Mrs. Robert.....New Palestine (46163)
Arive, Mrs. Floro F. 6264 Redhaw Lane, Oaklandon (46236)
Miller, Mrs. Joseph A.....R. R. 12, Box 230 Y, Oaklandon (46236)
Kuhn, Mrs. Robert.....Wilkinson (46186)

HENDRICKS COUNTY

Baker, Mrs. Glen W.....R. 1, Box 170-M, Brownsburg (46112)
Black, Mrs. James.....R. 1, Box 167-B, Brownsburg (46112)
Scudder, Mrs. A. N.....24 N. Grant, Brownsburg (46112)
Walker, Mrs. Thomas
R. R. 1, Box 93-A, Brownsburg (46112)

Danville

(*Zip Code* 46122)

Calhoon, Mrs. John.....R. R. 3, Box 1
Cheesman, Mrs. Donald D.....Round Hill Ct.
Gibbs, Mrs. Joseph W.....445 E. Mill St.
Heinlein, Mrs. Carl L.....540 S. Cross
Kerlin, Mrs. Joseph.....160 Urban St.
Kirtley, Mrs. Robert W.....350 Urban St.
Koch, Mrs. Elmer.....301 S. Bowen
Terry, Mrs. Lloyd.....292 W. Marion

Ellis, Mrs. L. Hall.....Lizton (46149)
Scamahorn, Mrs. Malcolm O.....Pittsboro (46167)

Plainfield

(*Zip Code* 46168)

Coats, Mrs. Eli.....28 Karyn Dr., R. 2
Cohen, Mrs. Irving.....645 E. Main St.
Haggard, Mrs. David B.....R. R. 2, Box 249
Stafford, Mrs. William C.
P.O. Box 97C, 625 S.E. St.
Warbinton, Mrs. Fred P.....504 S. Carr Road

HENRY COUNTY

New Castle

(*Zip Code* 47362)

Bitler, Mrs. C. C.....603 S. Eleventh St.
Bledsoe, Mrs. James G.....Hillsboro Rd.
Brock, Mrs. J. T.....100 Van Nuys Rd.
Burnett, Mrs. Arthur.....801 Melody Lane
Cain, Mrs. David R.....3701 S. Memorial Dr.
Campbell, Mrs. Sam W.....901 McCormack Dr.
Donahue, Mrs. Francis.....415 Raintree Dr.
Dye, Mrs. Cloyd L.....R. R. 5
Easter, Mrs. James N.....520 Edgewood
Fisher, Mrs. John E.....1135 Woodlawn Dr.
Foster, Mrs. Ray T.....420 N. Main St.
Harrison, Mrs. Benjamin L.....233 Bundy Ave.
Heilman, Mrs. William C., Jr...1112 St. James Ct.
Hill, Mrs. Kenneth G.....707 Leland
KinKade, Mrs. Paul T.....3306 W. Acre Dr.
Life, Mrs. Homer L.....1107 St. James Ct.
May, Mrs. A. J.....606 Black Rd.
McDonald, Mrs. Frank C.....365 Trojan Lane
McKee, Mrs. Roy G.....606 Fairoaks Rd.
McElroy, Mrs. James S.....1213 Audubon Rd.
Murray, Mrs. William E.....100 Van Nuys Rd.
Paz, Mrs. Luis.....Rutherford Road S., R.R.
Saint, Mrs. William.....705 Hawthorn Rd.
Smith, Mrs. Mark.....631 S. 11th St.
Stauffer, Mrs. Geo. E.....2705 S. Memorial Dr.
Steussy, Mrs. Calvin N.....601 Hoosier Dr.
Stout, Mrs. Walter M.....1103 Audubon Rd.
Stricker, Mrs. Paul J.....719 Fair Oaks Dr.
Vivian, Mrs. Donald E.....R. R. 4
Webb, Mrs. O. Lynn.....Audubon Rd.
Wiggins, Mrs. D. S.....219 S. 12th St.
Wilhelm, Mrs. Guido P.....100 Leland St.

Marshall, Mrs. Lloyd....Walnut St., Mt. Summit (47361)
Robertson, Mrs. William S.....213 W. Main St., Spiceland (47385)
Amos, Mrs. Robert L.....116 Villa Dr., Sorrento Shore, Osprey, Fla. (33559)

HOWARD COUNTY

Smith, Mrs. Charles
10512 Spring Hill Dr., R. R. 1, Carmel (46032)
Denton, Mrs. Larkin D....S. Meridian, Greentown (46936)

Kokomo

(*Zip Code* 46901)

Adams, Mrs. C. J.....1216 W. Superior
Alward, Mrs. J. H.....401 W. Walnut
Artis, Mrs. Myrle E.....900 E. Broadway
Ault, Mrs. Carl H.....3015 Dellwood Dr.
Bowers, Mrs. Copeland C.....1530 W. Taylor
Bowers, Mrs. Garvey B.....421 Morningside
Bowers, Mrs. John A.....1535 W. Jefferson
Bowling, Mrs. Richard.....1137 E. Taylor
Brown, Mrs. Richard J.....920 Bellevue Pl.
Cattell, Mrs. Lee M.....1718 W. Walnut
Clarke, Mrs. Elton R.....4320 W. Sycamore
Conley, Mrs. Thomas M.....2811 Dellwood Dr.
Craig, Mrs. R. A.....4105 W. Sycamore Rd.
Craig, Mrs. Reuben.....410 S. Hickory Lane
Das, Mrs. Amal K.....3112 Tallyho Dr.
Doss, Mrs. Jerome....137 Westmoreland Drive E.
Earl, Mrs. Max M.....2210 S. Wabash
Elleman, Mrs. Jack.....414 W. Mulberry
Ericson, Mrs. Homer S.....124 Leafy Lane
Ferry, Mrs. Paul W.....1207 W. Sycamore
Fields, Mrs. Donald L.....3304 Tallyho Dr.
Frazier, Mrs. Jack L.....3208 Tally Ho Dr.
Fretz, Mrs. Richard C.....4701 Mayfield Dr.
Golper, Mrs. Marvin N.....411 Morningside Dr.
Good, Mrs. Richard P.....227 N. Forest Dr.
Grothouse, Mrs. Carl B.....925 Bellevue Place
Guin, Mrs. Jere D.....4401 N. Parkway
Halfast, Mrs. Richard W.....2505 Katherine Ave.
Harshman, Mrs. James....4100 Millerwood Lane
Harvey, Mrs. E. C.....118001 Crestview Blvd.
Higgins, Mrs. Jack W.....316 Edgewater Ln.
Hutto, Mrs. William H...4815 West Sycamore Rd.
Jewell, Mrs. G.M.....1609 Green Acres Dr.
Kremers, Mrs. George A.....2401 S. Wabash
Lehman, Mrs. David.....4200 Millerwood Ln.
Lodde, Mrs. Marvin.....3500 Tallyho Dr.
Longshore, Mrs. Robert E.....145 Westmoreland
Lopez, Mrs. Raul.....1422 Tam-o-Shanter
McClure, Mrs. Warren N.....900 Arundel Ct.
McIndoo, Mrs. R. E.....820 W. Walnut
Michael, Mrs. Robert L.....4610 W. Sycamore Rd.
Moore, Mrs. John M.....1500 Honey Lane
Morrison, Mrs. W. R.....413 Conradt Ave.
Murray, Mrs. Ernest C.....2200 S. Webster
Paris, Mrs. Durward W.....2417 S. Lafountain
Perkins, Mrs. P. L.....4101 Millerwood Lane
Phares, Mrs. Robert W.....1712 S. Malfalfa Rd.
Prather, Mrs. Philip E.....123 Magnolia Dr.
Quakenbush, Mrs. John P.....813 Melody Lane
Radpour, Mrs. Shokri.....4300 Millerwood Lane
Rinehart, Mrs. James.....106 Rue de Maison
Rudicel, Mrs. Max W.....321 Kingston Rd.
Scherschel, Mrs. Thomas R.....809 Dye Rd.
Schwartz, Mrs. F. C.....5015 W. Sycamore Rd.
Sekulich, Mrs. Milo.....4505 N. Parkway
Shenk, Mrs. Earl M.....306 N. Webster
Smith, Mrs. G. J.....821 E. Dixon
Tate, Mrs. James.....1905 Greytwig
Tignor, Mrs. Sterling P.....3464 Tallyho Dr.
Tofaute, Mrs. John L.....1721 W. Walnut St.
Van Denbark, Mrs. Howard M.
4620 W. Deffenbaugh Rd.
Wachob, Mrs. Tom W., Jr.....1121 Highland Dr.
Wilson, Mrs. Norman K.....1909 Greytwig

Walton, Mrs. F. Richard.....R. R. 2, Rochester (46975)
Evans, Mrs. Robert W.....Russiaville (46979)

HUNTINGTON COUNTY

Huntington

(*Zip Code* 46750)

Brubaker, Mrs. Harold S.....721 Flaxmill Rd.
Casey, Mrs. Stanley M.....408 E. Market St.
Clark, Mrs. Joseph H.....R. R. 9
Cope, Mrs. Stanton E.....1022 N. Jefferson St.
Doermann, Mrs. Paul E.....Grimm Rd., R. R. 8
Eviston, Mrs. J. Boyd.....1362 Poplar St.
Gill, Mrs. D. Richard.....6 Northway Dr.
Grayston, Mrs. Wallace S.....303 E. Market St.
James, Mrs. Thomas J.....1044 Poplar St.
Marks, Mrs. Howard H.....1120 N. Jefferson St.
Meiser, Mrs. Robert D.....1738 Cherry St.
Mitman, Mrs. Floyd B.....1471 Oak St.
Peare, Mrs. Reeve B.....1517 Cherry St.
Wagner, Mrs. Richard W.....Old Andrews Rd.
Wheeler, Mrs. Barth E.....1525 Cherry St.

Cooper, Mrs. B. Trent.....Roanoke (46783)
Bennett, Mrs. J. B.....Warren (46792)
McLaughlin, Mrs. J.....Methodist Memorial Home, Warren (46792)

JACKSON-JENNINGS COUNTIES

Brownstown

(*Zip Code* 47220)

Gillespie, Mrs. G. R.....710 Commerce
Scharbrough, Mrs. William.....105 W. Summit
Shields, Mrs. Jack.....721 W. Spring

Crothersville

(*Zip Code* 47229)

Adair, Mrs. W. K.....208 S. Armstrong
Bard, Mrs. Frank B.....305 E. Howard

North Vernon

(*Zip Code* 47265)

Calli, Mrs. Louis J.....408 S. State
Johnson, Mrs. William A.....318 Jennings St.

Seymour

(*Zip Code* 47274)

Baxter, Mrs. Harry..710 West Dr., Sunset Pkwy.
Blaisdell, Mrs. William F.....630 Greenway Ct.
Bosch, Mrs. Ralph O..930 South Dr., Sunset Pkwy.
Day, Mrs. Durbin.....515 W. Sixth St.
Graessle, Mrs. H. P...640 East Dr., Sunset Pkwy.
Kamman, Miss Martha.....332 W. Oak St
Knotts, Mrs. Slater.....650 Greenway Court
Linson, Mrs. John C.....1430 Lady Marian Dr.
Martin, Mrs. Guy.....1408 Ewing St.
Ripley, Mrs. John W.....2001 Ewing St.
Wiethoff, Mrs. C. A...615 West Dr., Sunset Pkwy.

JASPER COUNTY

Rensselaer

(*Zip Code* 47978)

Beaver, Mrs. Raymond E.....111 Thompson St.
O'Brien, Mrs. Francis E.....530 Park Ave.
Ockermann, Mrs. Kenneth R.....202 Home St.
Williams, Mrs. Paul A.....P.O. Box 317

JAY COUNTY

Andrews, Mrs. Frank....R. R. 2, Geneva (46740)
Donnally, Mrs. George....R. R. 1, Geneva (46740)
Shroyer, Mrs. Herbert..R. R. 2, Dunkirk (47336)

Portland

(*Zip Code* 47371)

Cripe, Mrs. William H.....507 W. High St.
Fitzpatrick, Mrs. James S.....405 W. Race St.
Gillum, Mrs. Eugene.....W. Votaw St
Keeling, Mrs. F. E.....609 W. Race St.
Lopez, Mrs. Alfonso.....446 W. Arch St.
Schenck, Mrs. Ralph.....R. R. 2, W. 7th St.
Spahr, Mrs. Donald E.....615 W. Race St.
Steffy, Mrs. Ralph M.....321 E. Race St.
Vormohr, Mrs. Joseph F.....1011 S. Meridian St.

Rudolph, Mrs. Rosser....#1 Wiltshire Rd., Muncie (47304)
Reisz, Mrs. Ronald K. Fort Recovery, Ohio (45846)

JOHNSON COUNTY

Franklin

(*Zip Code* 46131)

Andrews, Mrs. Hugh K.....R.F.D. 4, Box 20, 234 C.A.
Bullers, Mrs. Robert C.....395 S. Home Ave.
Bullington, Mrs. George.....R. F. D. 4
Chappel, Mrs. A. T.....1101 North Dr.
Deppe, Mrs. Charles F.....1215 Park Ave.
Ferrara, Mrs. Joseph F.....1000 E. King St.
Hibbs, Mrs. W. G.....R. F. D. 1
Jones, Mrs. Charles A.....1010 E. Adams Dr.
Mock, Mrs. Harry E. Jr.....201 E. Monroe
Murphy, Mrs. Harry E.....422 N. Walnut St.
Palmer, Mrs. Harley P.....Forrest Park Dr.
Province, Mrs. Wm. D.....99 N. Water St.
Records, Mrs. Arthur W.....216 E. Jefferson St.
Records, Mrs. John M.....1225 E. King St.
Reynolds, Mrs. Paul.....R. R. 4
Ritteman, Mrs. George.....R. R. 3, Box 19A
Roller, Mrs. Mac.....1100 Hillview Dr.
Walters, Mrs. Jack L.....1205 E. Jefferson St.
Waymire, Mrs. Wm. M.....101 N. Walnut St.

Greenwood

(*Zip Code* 46142)

Brown, Mrs. George E.....705 Colonial Way
Link, Mrs. Charles.....663 Williamsburg Lane
Machledt, Mrs. John.....243 S. Madison
MacQuigg, Mrs. David..El Dorado Estates, R. R. 4
Ogle, Mrs. Robert.....Valley Ln. Ct.
Sheek, Mrs. Kenneth I.....407 S. Forest Dr.
Tiley, Mrs. George.....40 N. Madison
Wesemann, Mrs. Merrill M.....109 Carefree Ct., R. R. 2
Young, Mrs. Joseph W.....904 Beech Park Dr.

Deogracias, Mrs. Francisco D..Edinburgh (46124)
Topacio, Mrs. Love K.....Edinburgh (46124)
Stogsdill, Mrs. W. W.....Knoll Apts., 2242 Rome Drive, Indianapolis (46208)

KNOX COUNTY

Vincennes

(*Zip Code* 47591)

Anderson, Mrs. John B.....1222 Forest Hill Dr.
Anderson, Mrs. Richard M.....Monroe City Rd.
Barrett, Mrs. Thomas L.....2520 Old Orchard Rd.
Bartlett, Mrs. Donald T.....1315 McDowell Rd.
Beckes, Mrs. Ellsworth.....220 N. 5th
Black, Mrs. Boyd K.....1008 State Road 67-N
Cantwell, Mrs. E. R.....P.O. Box 924
Chattin, Mrs. Herbert O.....729 Main St.
Coffel, Mrs. Melvin H.....Simpson Lake
Combs, Mrs. Daniel J.....1325 McDowell Ave.
Curtner, Mrs. Myron L.....216 N. Sixth St.
Dayson, Mrs. Louie O.....R. R. 2
Floyd, Mrs. Malcolm.....1310 Forest Hills Dr.
Haswell, Mrs. John N.....1604 Old Orchard Rd.
Hendrix, Mrs. Charles.....1302 Forest Hills Dr.
Jacqmain, Mrs. Ralph J.....Monroe City Rd.
McDowell, Mrs. M. M.....1322 Audubon Rd.
McMahan, Mrs. Virgil C.....Monroe City Rd.
Miller, Mrs. Charles L.....R. R. 4
Murray, Mrs. John.....305 Tulip Lane

Nichols, Mrs. Robert J.....1906 John R. Rd.
Parmenter, Mrs. Harry B.....205 Elm Lane
Reilly, Mrs. James F.....401 Buntin St.
Shanklin, Mrs. Jack L.....1545 Barnett Lane
Smith, Mrs. Ralph O.....603 Busseron St.
Spencer, Mrs. Frederic.....902 Perry St.
Stein, Mrs. Richard H.....1209 Old Orchard Rd.
Stewart, Mrs. Frank W.....Hillcrest Rd.
Vaughn, Mrs. Walter R.....2018 Prospect Ave.
Von der Lieth, Mrs. William C.....R. R. 3
Welch, Mrs. Norbert M.....Monroe City Rd.

KOSCIUSKO COUNTY

Urschel, Mrs. Dan L.....Mentone (46539)
Wilson, Mrs. Wymond B...P. O. Box 421, Mentone (46539)
Baum, Mrs. John R.....307 7th St., Winona Lake (46590)

Warsaw

(*Zip Code* 46580)

Arford, Mrs. John E.....1319 E. Center St.
Fiscus, Mrs. Clifford Wm....R. R. 4, Rolling Hills
Hashemi, Mrs. Hossein.....R.R. 2
Haymond, Mrs. George M...945 Country Club Dr.
Keough, Mrs. Thomas F.....322 N. Lake St.
Mason, Mrs. Harold.....R.R. 3, Chapman Lake
Moser, Mrs. Arthur.....R. R. 3
Murphy, Mrs. Samuel C.....216 South High St.
Parke, Mrs. William.....1203 Country Club Dr.
Pullman, Mrs. George R....1031 Country Club Dr.
Snider, Mrs. Ronald P.....Springhill Acres

LAKE COUNTY

Cedar Lake

(*Zip Code* 46303)

Babcoke, Mrs. Gary.....R. 4, Box 410

Crown Point

(*Zip Code* 46307)

Han, Mrs. Daniel.....12317 Kingfisher Rd.
Horst, Mrs. William.....468 Lake St.
Mirich, Mrs. Ernest C.....940 W. 66th Ave.
Rudolph, Mrs. Franklin G.....R. R.

Lopez, Mrs. F.....2162 Hart, Dyer (46311)

East Chicago

(*Zip Code* 46312)

Campagna, Mrs. E. A.....2004 Joy Lane
Ernst, Mrs. H. C.....4219 Baring Ave.
Grosso, Mrs. William.....4132 Northcote
Niblick, Mrs. James S.....4115 Fir St.

Gary

(*Zip Code* 464 *plus zone number*)

Almquist, Mrs. C. O.....550 Lincoln St. (02)
Amico, Mrs. P. J.....2119 W. 50th Place (08)
Barros, Mrs. R. J.....701 W. 55th Ave. (07)
Bills, Mrs. Robert N.....534 Lincoln St. (02)
Brincko, Mrs. John.....3537 Harrison St. (08)
Carbone, Mrs. Joseph A.....526 Johnson St. (02)
Cabrera, Mrs. P. B.....7512 Harold Ave. (03)
Dierolf, Mrs. E. J.....630 Montgomery St. (03)
Dumanian, Mrs. H.....3330 Pierce St. (08)
English, Mrs. Hubert M.....575 Taft St. (04)
Goldberg, Mrs. H. B.....825 W. 35th Ave. (08)
Goldstone, Mrs. Arthur....4676 Jefferson St. (08)
Goldstone, Mrs. Joseph.....3360 Pierce St. (08)
Gregoline, Mrs. Eugene..129 Glen Park Ave. (08)
Kolettis, Mrs. J.....6401 Garfield (10)
Kopcha, Mrs. Joseph E.....650 Pierce St. (02)
Lorenty, Mrs. T. B.....3654 Madison St. (08)
Manalo, Mrs. F. S.....538 Lincoln St. (02)
Martino, Mrs. Robert S....3000 W. 55th Ave. (08)
Mason, Mrs. Earl J.....2000 W. 5th Ave. (04)
Mather, Mrs. J. Winford..7224 Maple Ave. (03)
Mayorga, Mrs. Alfredo....1811 W. 54th Ave. (08)
Mirro, Mrs. John.....2712 W. 57th Pl. (08)
Oberlander, Mrs. Seymour.....6701 Ash (03)
Olivo, Mrs. M. T.....8155 Juniper Ave. (10)
Ornelas, Mrs. Joseph P...6339 Oakwood Lane (08)
Platis, Mrs. J.....2511 W. 58th St. (08)
Robinson, Mrs. Walter K..500 N. Montgomery St. (03)
Rubin, Mrs. Simon S.....2131 W. Fifth Ave. (04)
Saavedra, Mrs. B.....5796 Marshall Pl. (08)
Sala, Mrs. Joseph.....2333 W. 55th Ave. (04)
Schulz, Mrs. Kurt J.....2521 W. 58th Pl. (08)
Stimson, Mrs. Harry R...4338 Jefferson St. (08)
Valencia, Mrs. M. M.....7700 Hemlock (03)
Volan, Mrs. Geo. J.....5795 Taft Pl. (08)

Griffith

(*Zip Code* 46319)

Lundeberg, Mrs. Ralph A.....1211 N. Harvey
Modjeski, Mrs. J. R.....1707 N. Arbogast
Teplinsky, Mrs. Louis
1739 N. Arbogast Dr., Apt. 2G

Hammond

(*Zip Code* 463 *plus zone number*)

Allegretti, Mrs. Michael L..6237 Forest Ave. (24)
Auburn, Mrs. R. P.....7103 Meadow Lane (24)
Barron, Mrs. Elmer A.....6635 Kansas (23)
Beconovich, Mrs. Robert....6540 Forest Ave. (24)
Cotter, Mrs. Edward R..7225 Knickerbocker Pkwy. (23)
Dragomer, Mrs. A. S.....6629 Carolina Ave. (23)
Eggers, Mrs. H. W.....6542 Hohman (20)
Egnatz, Mrs. Nicholas....820 Highland St. (20)
Elledge, Mrs. Ray.....6415 Forest Ave. (24)
Fischer, Mrs. Burnell.....49 Indi-Illi Park (24)
Gevirtz, Mrs. Milton B...7142 Hohman Ave. (24)
Grabow, Mrs. E. F.....6501 Moraine (24)
Hack, Mrs. Edmund C.....7147 Olcott St. (23)
Hickman, Mrs. A. Lee, Jr.....7412 Knickerbocker (23)
Halum, Mrs. R. G.....7411 Hohman Ave. (24)
Husted, Mrs. Robert G...7248 Forest Ave. (24)
Kretsch, Mrs. Russell W...7214 Hohman Ave. (24)
Marks, Mrs. Ora L.....7111 Olcott Ave. (23)
Maroc, Mrs. J. A.....6826 Rosewood (24)
Mason, Mrs. Richard L.....6915 Magoun (24)
Neal, Mrs. L. W.....7301 Forest Ave. (24)
Panares, Mrs. Solomon V.....4 172nd Pl. (24)
Peck, Mrs. Edward A.....6422 Moraine Ave. (24)
Pilot, Mrs. Jean..7137 Knickerbocker Pkwy. (23)
Polite, Mrs. Nicholas L.....7320 California (23)
Premuda, Mrs. F. F.....7042 Woodmar (23)
Ramker, Mrs. Daniel T...7129 Arizona Ave. (23)
Remich, Mrs. Antone C...6412 Moraine Ave. (24)
Repay, Mrs. W. A..7130 Knickerbocker Pkwy. (23)
Rhind, Mrs. A. W.....7126 Forest Ave. (24)
Rosevear, Mrs. Henry J...6531 Forest Ave. (24)
Row, Mrs. Perrie Q.....6712 Hohman Ave. (24)
Rubright, Mrs. Robert L...7258 Forest Ave. (24)
Schlesinger, Mrs. D.....6633 Forest (24)
Schulfer, Mrs. R. J.....1045 River Dr. (24)
Stern, Mrs. S. Lewis.....226 Oakwood (24)
Thegze, Mrs. George A.....7435 Olcott Ave. (23)

Highland

(*Zip Code* 46322)

Bacevich, Mrs. A. J.....8737 Parkway Dr.
Beilke, Mrs. Clifford.....8725 Parkway Dr.
Dumanian, Mrs. Ara V.....8727 Parkway Dr.
Dunning, Mrs. Preston.....8831 Parkway
Reed, Mrs. Ronald.....2100 Kenilworth
Willardo, Mrs. A. T.....8712 Idlewild

Hobart

(*Zip Code* 46342)

Bernard, Mrs. Marvin R.....6430 Grand Blvd.
Glover, Mrs. W. J.....420 S. Wabash
Reed, Mrs. John.....445 Kelley

Merrillville

(*Zip Code* 46410)

Bastug, Mrs. Erol.....2444 W. 64th Pl.
Pappas, Mrs. Edward T.....6424 Arthur
Doherty, Mrs. R. J.....984 W. 66th
Hadey, Mrs. James H.....6494 Rutledge

Munster

(*Zip Code* 46321)

Ahn, Mrs. K. J.....1328 Fisher St.
Alt, Mrs. Edward M. Jr.....8804 Baring
Arbeiter, Mrs. Herbert I.....119 Beverly Place
Arrowsmith, Mrs. James L.....8138 Forest Ave.
Benchik, Mrs. Frank A.....8326 Hawthorne Dr.
Bombar, Mrs. Leslie E.....8318 Oakwood
Boys, Mrs. F. F.....8517 Crestwood Ave.
Branco, Mrs. Arthur M.....1224 Melbrook
Brodersen, Mrs. J. D.....7936 Monroe St.
Chael, Mrs. Thomas.....8329 Linden
Costello, Mrs. Albert J.....1404 Fisher
DePorter, Mrs. L. A.....1448 Melbrook Drive
Downs, Mrs. Kenneth.....1106 Fran Lin
Egnatz, Mrs. Charles D.....1436 Janice Lane
Espino, Mrs. J. C.....8523 Forest Ave.
Fleischer, Mrs. J. C.....8345 Northcote
Fox, Mrs. J. M.....1448 Oak Park
Galante, Mrs. Albert.....1329 Vivian Lane
Giragos, Mrs. Henry....1826 Camelia Dr. Apt. 2B
Gross, Mrs. Joseph.....1505 MacArthur
Gustaitis, Mrs. John W.....1843 Crestwood
Harvey, Mrs. David M.....8250 Linden
Hohemann, Mrs. W. V.....8718 Northcote
Hieber, Mrs. F. R.....9317 Foliage Lane
Kelly, Mrs. G. G.....1335 Elliott Dr.
Kenney, Mrs. Francis.....8131 Forest Ave.
Kott, Mrs. Alexander.....1333 Melbrook Dr.
Lanman, Mrs. John U.....1321 Elliott Dr.
Lautz, Mrs. Herbert A.....7943 Forest Ave.
Madlang, Mrs. R. M.....7750 Hohman Ave.
Marks, Mrs. Salvo P.....8320 Parkview Ave.
Marshall, Mrs. W. J.....1306 Elliott Dr.
Min, Mrs. David.....1537 Tulip Lane
Mintz, Mrs. A. M.....1423 Kraft Dr.
Modjeski, Mrs. Raymond J.....1448 Elliott Dr.
Montes, Mrs. H.....7915 Hohman Ave.
Morris, Mrs. W. H., Jr.....8044 Forest Ave.
Paul, Mrs. Eudell G.....7905 Hohman Ave.
Polydefkis, Mrs. D.....8825 Crestwood
Rasch, Mrs. George C.....1519 35th St.
Rieser, Mrs. Aloys.....8205 Oakwood
Rosenthal, Mrs. Carl.....8330 Schrieber Dr.
Santare, Mrs. V. J.....1336 Melbrook
Schlesinger, Mrs. Jacob.....7648 Hohman Ave.
Serrano, Mrs. J. F.....1541 Melbrook St.
Smith, Mrs. Jerald.....1234 Melbrook
Smitley, Mrs. Roger P.....1519 Janice Lane
Sroka, Mrs. Stanley J.....8516 Hawthorne Dr.
Valderrama, Mrs. Hugo.....1325 MacArthur
Vandertoll, Mrs. D. J.....8211 Madison
Vitacca, Mrs. Rocco.....7635 Forest Ave.
Wooden, Mrs. Thomas F.....8354 Parkview

Angeles, Mrs. Uldarico A.
Box 908, Ogden Drive, Portage (46368)
Milos, Mrs. Robert J.....Box 642, Ogden Dr., Portage (46368)
Dimitroff, Mrs. Lambro
1021 Forest Hills, Calumet City, Ill. (60409)
Feldner, Mrs. Ronald P.
17717 Bernardine, Lansing, Ill. (60438)
Noe, Mrs. J. T...2650 Central Dr., Flossmoor, Ill. (60422)
Shapiro, Mrs. Joseph.....1000 Lake Shore Plaza, Chicago, Ill. (60611)
Sroka, Mrs. O. G.....17216 Wentworth Ave., Lansing, Ill. (60438)

LaPORTE COUNTY

LaPorte

(*Zip Code* 46350)

Backer, Mrs. George P.....1533 Michigan Ave.
Carter, Mrs. Fred S.....208 Forest Dr.
Datzman, Mrs. Basil J.....1421 Indiana Ave.
Durham, Mrs. Lowell J.....205 Forest Dr.
Elshout, Mrs. Clem H.....104 First St.
Farnsworth, Mrs. S. A.....214 Lake Shore Dr.
Feinn, Mrs. Harry S.....1703 Michigan Ave.
Kelsey, Mrs. Robert M., Jr.....1305 Indiana Ave.
Kim, Mrs. Joon S.....2205 Woodlawn Dr.
Larson, Mrs. Goyt O.....902 E. 18th St.
Mladick, Mrs. Edward A.....314 Holton Rd.
Moore, Mrs. William G.....1532 Michigan Ave.
Mueller, Mrs. Edwin C.....117 Evergreen Dr.
Oak, Mrs. David D.....1104 Andrew Ave.
Philbrook, Mrs. Seth S.....212 Forest Dr.
Richter, Mrs. John C.....2020 Beechwood Ct.
Sanchez, Mrs. Jose.....2424 Monroe St.
Sirugo, Mrs. Aldo C.....202 Forest Dr.
Smith, Mrs. John.....1533 Weller
von Asch, Mrs. George.....2030 Michigan Ave.
Wolf, Mrs. Wm. E.....Lakewood Lair

Mannion, Mrs. Rodney A.
2016 Juneway, L.B., Michigan City (46360)
Kepler, Mrs. Robert W...Colina Peace Corps, Yap, Caroline Islands (96943)

LAWRENCE COUNTY

Bedford

(*Zip Code* 47421)

Austin, Mrs. Richard P.....1315 15th St.
Crosby, Mrs. Reid C.....11 Saddler Court
Duncan, Mrs. Raymond E.....311 Eastwood Dr.
Dusard, Mrs. Joseph C.....1107 N. St.
Edmonds, Mrs. Kendrick T.....438 Sycamore
Emery, Mrs. Charles B.....Brook Knoll
Fountaine, Mrs. Thomas J.....1620 18th St.
Gonzalez, Mrs. Raul C.....Brook Knoll
Hawkins, Mrs. Richard D.....228 Eastlake Drive
Kasting, Mrs. Gerald E.....Parkview Addition
Kerr, Mrs. Donald M.....1415 20th St.
McPike, Mrs. Joseph.....1103 Lincoln Ave.
Morrow, Mrs. Robert J.....R. 5, Brook Knoll
Mount, Mrs. James L.....1428 14th St.
Noe, Mrs. William R.....118 Woodhill Dr.
Reuter, Mrs. John W.....Brook Knoll, R. 5
Scherschel, Mrs. John P.....1713 H St.
Shortridge, Mrs. Don.....Brook Knoll
Sorrells, Mrs. George W., Jr.....212 Lori Lane
Waldo, Mrs. Guy H., Jr.....R. 5, Brook Knoll
Wohlfeld. Mrs. J. B.....1224 15th St.
Woolery, Mrs. Richard H.....2020 Denson Ave.

Benham, Mrs. Lawrence E.....R. R. 2, Springville (47462)

MADISON COUNTY

Anderson

(*Zip Code* 46011 *unless otherwise indicated*)

Aagesen, Mrs. W. J.....3 Wind Ridge Rd.
Abell, Mrs. William A.....2536 W. 12th St.
Allen, Mrs. Lawrence.....27 River Forest (12)
Armington, Mrs. Charles L.
304 Beverly Terr. Apts. (16)
Austin, Mrs. Charles E.....1612 Westwood Dr.
Baughn, Mrs. William L.....1517 Winding Way
Beeler, Mrs. Frank K.....20 Overlook Dr.

Bixler, Mrs. Donald P.....1611 Van Buskirk Rd.
Blassaras, Mrs. Crist A.....916 Dresser Dr.
Bowers, Mrs. Richard C.....1110 Greenway Dr.
Buckles, Mrs. David L.....44 Knoll Rd.
Bush, Mrs. Edward R.....19 Northway Court
Conrad, Mrs. Ernest M.....336 W. 9th St. (16)
Denny, Mrs. Melvin H.....1207 Van Buskirk Rd.
Doenges, Mrs. James L.....Whitehall Place
Donaldson, Mrs. Frank C.....2 Wind Ridge Rd.
Drake, Mrs. James R.....2210 W. 12th St.
Drake, Mrs. John C.....920 N. Madison Ave.
Drennen, Mrs. Robert V...1230 E. Chesterfield Dr. (12)
Dulin, Mrs. Basil B.....1120 Maryland Drive
Elsten, Mrs. Wayne A.
1333 Maryland Dr., Forest Manor
Erehart, Mrs. Archie D.....2214 W. Ninth St.
Faust, Mrs. Howard, Jr.....R. R. 5, Box 178-C
Ferguson, Mrs. Donald H.....3430 Redwood Rd.
Fischer, Mrs. Warren E.....1410 Van Buskirk Rd.
Gahimer, Mrs. Joseph E.....1515 Greenway Dr.
Gante, Mrs. Henry W.....Vickers Apts., #304
Gholz, Mrs. Lawrence.....3421 Laurel Lane
Gray, Mrs. William J.....45 Tweedy Lane
Hart, Mrs. William D.....P. O. Box 2392
Hensler, Mrs. Benton.....13 Wind Ridge Rd.
Jarrett, Mrs. Paul.....2541 North Shore Dr.
Jones, Mrs. Albert T.....3316 Cherry Rd.
Kelley, Mrs. Wendell C.....23 Colony Rd.
Kepner, Mrs. R. S.....1001 Northwood Dr.
Kiely, Mrs. John T.....1011 Raible
King, Mrs. Charles R.....6414 Rosalind Lane
Kopp, Mrs. William R.....2410 W. 12th St.
Lamey, Mrs. Paul T.....1740 W. 10th St.
Land, Mrs. Richard.....713 Winding Way
Larmore, Mrs. Joseph L.....1301 Winding Way
Long, Mrs. Paul L.....828 Dresser Dr.
Metcalf, Mrs. George B...830 W. Eighth St. (16)
Miethke, Mrs. Richard.....3324 Cherry Rd.
Moneyhun, Mrs. James E.....1815 Ivy Dr.
Morris, Mrs. Robert A.....410 Golf Club Rd.
Nesbit, Mrs. Leonard L.....60 River Forest
Patterson, Mrs. William K.....3 South Park Dr.
Polhemus, Mrs. Warren C.....1300 W. 11th St.
Price, Mrs. Ambrose M..3821 St. Rd. 9, North (12)
Reynolds, Mrs. Ralph E.....1716 Winding Way
Rosenbaum, Mrs. Lloyd E.....804 Dresser Dr.
Ross, Mrs. Guy E.....1124 N. Madison Ave.
Sheldon, Mrs. Suel A.....R.R. 6, Box 481-B
Stamper, Mrs. Jos. H..619 State Rd. 67 West (13)
Stamper, Mrs. Robert J.....R. R. 6, Box 78A
Stinson, Mrs. William M.....17 River Forest
Swan, Mrs. Richard C.....707 Forest Dr.
Szumilas, Mrs. Peter P.....38 River Forest
Taylor, Mrs. James A.....3232 Maryland Dr.
Tierney, Mrs. Wm. J.....1646 Corlettway
Wagoner, Mrs. John R.....3522 Hawthorne Rd.
Webb, Mrs. Harry D.....1308 Maryland Dr.
Weiss, Mrs. Louis L.....1225 N. Madison Ave.
Whitaker, Mrs. Jack D.....R. R. 5, Box 178-D
Wilkinson, Mrs. Roger L.....404 Central Way
Williams, Mrs. Francis M.....1012 Park Rd.
Williams, Mrs. Robert H...722 North Shore Blvd.
Wishard, Mrs. Fred B.....815 West 8th St. (16)
Woodbury, Mrs. C. R.....R. R. 4, Box 410

Bishop, Mrs. Harry A.....Frankton (46044)
Williams, Mrs. Robert D.....Markleville (46056)
Doles, Mrs. Ted S.....R. R. 1, Box 24B, Middletown (47356)
Foley, Mrs. Phillip D.....613 N. 10th St., Middletown (47356)
Begley, Mrs. Robert W.
R.R. 2, Box 375, Pendleton (46064)
King, Mrs. Joseph W.....R.R. 2, Pendleton (46064)
McLaughlin, Mrs. C. B..R. R. 2, Pendleton (46064)
Van Ness, Mrs. William.216 S. Main, Summitville (46070)

MARION COUNTY

Duncan, Mrs. Stuart J.....1005 Churchman Ave., Beech Grove (46107)
Link, Mrs. Goethe.....Box 84, Brooklyn (46111)
Foster, Mrs. Lee N.
R. R. 2, Box 428, Carmel (46032)
Hasewinkel, Mrs. Carroll W.
R. R. 2, Box 354, Carmel (46032)
Karsell, Mrs. William A.....10518 Hussey Lane, Carmel (46032)
Kendall, Mrs. William R.....60 Wildwood Dr., Carmel (46032)
Lang, Mrs. Jay W.....R. R. 2, Box 303A, Carmel (46032)
Megenhardt, Mrs. Dennis S.....R. R. 1, Box 5, Carmel (46032)
Muller, Mrs. Victor H.....4 Bennett Rd., Carmel (46032)
Nolin, Mrs. Richard T..R. R. 2, Box 323D, Carmel (46032)
Permer, Mrs. Erwin....R. R. 1, Box 619-F, Carmel (46032)
Schaffer, Mrs. Edward V.....Box 614-A, R. R.1, Carmel (46032)
Van Tassel, Jr., Mrs. C. J.
R.R. 2, Box 411G, Carmel (46032)
Brown, Mrs. Earl S.
644 Brookview Dr., R.6, Greenwood (46142)

Indianapolis
(*Zip Code* 462 *plus zone number*)

A

Albertson, Mrs. Frank.....5318 N. Bosart (20)
Aldrich, Mrs. Harry D.....5805 Sherman Dr. (20)
Allen, Mrs. Robert K.....737 Sherwood Dr. (40)
Alley, Mrs. Thomas W...107 Kenwood Circle (60)
Alvis, Mrs. David.....740 W. Kessler Blvd. (08)
Alvis, Mrs. Edmond O.....474 W. 92nd St. (60)
Antreasian, Mrs. Berj....5517 Far Hill Rd. (26)
Appel, Mrs. Richard H.....122 E. 61st St. (20)
Applegate, Mrs. Geo. W....9033 Buckeye Ct. (60)
Arbogast, Mrs. John L. 3933 Washington Blvd. (5)
Armer, Mrs. Robert M...4208 Cold Springs Rd. (8)
Asher, Mrs. James W.....8407 Moore Rd. (78)

B

Bachmann, Mrs. Arnold J.....1615 Oles Drive (8)
Bader, Mrs. Joseph.....7007 N. Tuxedo (20)
Bakemeier, Mrs. Otto H..5535 E. St. Clair St. (19)
Balch, Mrs. James F., Jr.
1811 Hamilton Lane (80)
Ball, Mrs. Joseph E.....6612 E. Ninth St. (19)
Baptisti, Mrs. Arthur, Jr....700 N. Alabama (4)
Barnes, Mrs. Gilbert H...5513 Hedgerow Dr. (26)
Bastnagel, Mrs. William F.
5430 Washington Blvd. (20)
Batman, Mrs. Gordon W.
6906 N. Delaware St. (20)
Battersby, Mrs. J. Stanley..6001 Sunset Lane (8)
Bauer, Mrs. Thomas B...7685 Clarendon Rd. (60)
Baumeister, Mrs. Herbert E. ...4421 E. 75th (50)
Baxter, Mrs. John P. ..7247 Whitehall Dr. (26)
Beasley, Mrs. Thos. J.....715 E. 70th Place (20)
Beck, Mrs. Evart M.....6445 N. Olney St. (20)
Becker, Mrs. Harry G...5641 Haverford Ave. (20)
Beeler, Mrs. John W.....7974 N. Illinois St. (60)
Beering, Mrs. Steven C...1730 Brewster Rd. (60)
Belt, Mrs. James H.....8652 Emerald Lane (60)
Benages, Mrs. Anthony..8012 Charlecot Dr. (68)
Benedict, Mrs. Paul F.....2550 Blue Grass Dr. (8)
Bennett, Mrs. Ivan F.....8452 Green Braes, N. Dr. (34)
Benson, Mrs. J. Thomas..1638 Brewster Rd. (60)
Bhagwandin, Mrs. Harry O.
9205 E. Troy Ave. (39)
Bibler, Mrs. Lester D.
4360 N. Pennsylvania St. (5)
Blackwell, Mrs. Donald S...3322 Lincoln Court (8)

Blatt, Mrs. A. Ebner....5330 N. Illinois St. (8)
Boling, Mrs. Fred F..3333 Melbourne Rd. S. Dr. (8)
Boling, Mrs. Grover C., Jr.
6205 Bramshaw Rd. (20)
Booth, Mrs. Boynton H...5735 Braewick Rd. (26)
Bowman, Mrs. George W.
5634 Carrollton Ave. (20)
Boxell, Mrs. John F.....7614 Woodside Dr. (60)
Boyer, Mrs. Floyd A.....136 S. Wittfield St. (29)
Brady, Mrs. Thomas A., Jr.
225 Wellington Rd. (60)
Brayton, Mrs. John R.
4000 N. Meridian, Apt. 9H (08)
Brayton, Mrs. Lee.....5540 N. Illinois St. (8)
Brickley, Mrs. Richard A.
4530 Crooked Creek Ridge Dr. (08)
Brodie, Mrs. Donald W.
10207 Indian Lake Blvd., N. Dr. (36)
Brooks, Mrs. Fred.....1660 Cunningham Dr. (24)
Brown, Mrs. Archie E.
4145 Melbourne Rd., W. Dr. (8)
Brown, Mrs. David E....7344 Lakeside Dr. (78)
Brown, Mrs. Earl R., Jr.
5450 Channing Rd. (26)
Brown, Mrs. Gordon T.....8170 Oakland Rd. (40)
Brown, Mrs. Wendell E.....3750 N. Gale St. (18)
Brueckmann, Mrs. F. Robert
5280 Channing Rd. (26)
Burdette, Mrs. Harold....6310 Glencoe Dr. (60)

C

Cahn, Mrs. Hugo...6416 Hoover Rd., Apt. D. (60)
Campbell, Mrs. H. E., Jr.
7650 Spring Mill Rd. (60)
Campbell, Mrs. Robert L.
8990 W. 82nd St., R. R. 16 (78)
Caputi, Mrs. Saverio..5115 N. Meridian St. (8)
Card, Mrs. Wm. H.....5315 E. 79th St. (50)
Carson, Mrs. Wayne....7177 N. Meridian St. (20)
Chattin, Mrs. William R.
4825 Cavendish Rd. (20)
Chernish, Mrs. Stanley M...4403 Radnor Rd. (26)
Chivington, Mrs. Paul V., Jr.
3307 Kessler Blvd., E. Dr. (20)
Christie, Mrs. Marvin C.
3340 E. Loretta Drive (27)
Clark, Mrs. Charles M., Jr.....7629 W. Tenth St. (24)
Clark, Mrs. Geo. A.....620 Forest Blvd. (40)
Clark, Mrs. Lawson J.
2425 E. Kessler Blvd., E. Dr. (20)
Cobb, Mrs. Clarence M...9146 Haverstick Rd. (40)
Coggeshall, Mrs. Warren E.
6305 Bramshaw Rd. (20)
Conway, Mrs. Glenn.....2235 E. Garfield Dr. (3)
Cortese, Mrs. James V.....6302 Minlo Dr. (27)
Cortese, Mrs. Thomas A., Jr.,
5316 Turtle Creek, E. Dr. #7 (27)
Cortese, Mrs. Thomas A., Sr.
3525 Payne Dr. (27)
Costin, Mrs. Robert L..3028 Morningside Dr. (40)
Countryman, Mrs. Frank 5633 Central Ave. (20)
Cronin, Mrs. H. Joseph
7843 Windcombe Blvd. (40)
Cross, Mrs. David G.....3001 Redfern Dr. (27)
Crossin, Mrs. James A...7436 Hazelwood Ave. (60)
Cullen, Mrs. P. Kent.....1207 Timberlane (60)
Cullen, Mrs. Paul.....5115 Graceland (8)
Cumming, Mrs. James R.....7610 Woodside Dr. (60)
Cure, Mrs. Charles W...414 W. Kessler Blvd. (08)
Currie, Mrs. Robert W.....512 E. 57th St. (20)
Curry, Mrs. R. Louis.....7250 N. Chester (40)

D

Daley, Mrs. Edward H.
5118 East Dickson Road (26)
Dallas, Mrs. F. R.....3649 E. 71st St. (20)
Dalton, Mrs. Wm. W....1736 Winchester Dr. (27)
Daly, Mrs. Joseph M.....5969 Singleton Ave. (27)
Davidson, Mrs. N. Cort....2811 W. 96th St. (68)
Davis, Mrs. Sam J.....230 W. 64th (60)
Dearmin, Mrs. Robert M..6616 Spring Mill Rd. (60)
DeArmond, Mrs. Albert M.
5401 N. Delaware St. (20)
Deever, Mrs. John W.....6801 S. East St. (27)
Denny, Mrs. James W.
6633 Spring Brook, N. Dr. (19)
DeWester, Mrs. Gerald M.
2802 Lindbergh Dr. (27)
Dill, Mrs. Charles W.....4111 S. Sherman Dr. (27)
Dill, Mrs. Myron K.....5145 N. Meridian (08)
Dillon, Mrs. John F.....7489 N. Illinois (60)
Dolan, Mrs. Patrick A.....9038 Chestnut Ct. (60)
Donahue, Mrs. James....945 Spannwood Rd. (08)
Donato, Mrs. Albert M...5915 Lawrence Dr. (26)
Doughty, Mrs. Samuel R...5258 Channing Ct. (26)
Douglas, Mrs. William T.
5737 Wildwood Ave. (20)
Dryden, Mrs. Gale E...5835 N. Tacoma Ave. (20)
Dugan, Mrs. John R.....5747 Rolling Ridge Rd. (20)
Dugan, Mrs. William ..7521 Mohawk Lane (60)
Dugan, Mrs. William M.
5747 Rolling Ridge Rd. (20)
Dunkin, Mrs. Ramon S.....5916 Lieber Rd. (8)
Dyar, Mrs. Edwin W., Jr.....120 Arden Dr. (20)
Dyar, Mrs. Robert W.....8161 Oakland Rd. (40)

E

Eastman, Mrs. Joseph R., Jr.
220 W. 64th St. (60)
Eaton, Mrs. Edwin R.
7334 Glenview, W. Dr. (50)
Eaton, Mrs. Lyman D.....10109 Hamilton Hills Lane (80)
Ebert, Mrs. J. Wayne....1125 Southview Dr. (27)
Echt, Mrs. Charles R.....8003 Hoover Rd. (60)
Egbert, Mrs. Herbert L.....419 W. 63rd St. (60)
Eicher, Mrs. Palmer O.
4401 N. Washington Blvd. (5)
Eldridge, Mrs. Gail E.....6377 Sunset Lane (60)
Elkins, Mrs. James P.....2045 Lick Creek Dr. (3)
Ellis, Mrs. Bert E.....3910 E. 57th St. (20)
Ellis, Mrs. William N.....4908 E. 46th Street (26)
Emhardt, Mrs. John T.....3305 Brill Rd. (27)
Evans, Mrs. Paul V...3715 E. Briarwood Dr. (40)

F

Fausset, Mrs. C. Basil
3016 Lake Shore Dr. #B (05)
Feeney, Mrs. Martin T...772 Brookview Dr. (42)
Finneran, Mrs. Joseph C.....1250 E. 80th St. (40)
Fischer, Mrs. A. Alan.....2515 Knollwood Dr. (8)
Flanders, Mrs. Robert, Jr.
7232 Sylvan Ridge Rd. (40)
Flanigan, Mrs. Meredith B. 3305 Rutledge Dr. (8)
Flora, Mrs. Joseph O.....5604 Rockville Rd. (24)
Folkening, Mrs. Norval C.....5501 Camden (27)
Fortuna, Mrs. Frank....533 Mellowood Dr. (17)
Fouts, Mrs. Paul J.....8393 N. Illinois St. (60)
Franklin, Mrs. William L.....33 E. 37th St. (5)
Freed, Mrs. Carl A.....4334 Springwood Trail (8)
French, Mrs. Richard N., Jr.
3025 Green Hills Lane, S. Dr. (22)
Fry, Mrs. Robert D.....6705 N. College, Apt. 505 (20)
Fulton, Mrs. William H.
1934 Remington Dr. (27)
Funkhouser, Mrs. A. G.....2505 E. 57th St. (20)

G

Gabovitch, Mrs. Edward R. 595 Holiday Lane (60)
Gabrielsen, Mrs. Ted H...20 Meridian Place (05)
Gammieri, Mrs. Robert...4453 Guilford Ave. (05)
Garber, Mrs. J. Neill..7036 N. Pennsylvania (20)
Garceau, Mrs. George J.....1164 Ivy Lane (20)
Gardiner, Mrs. Sprague H...330 W. 62nd St. (60)

Gardner, Mrs. Austin L.
7701 N. Pennsylvania (40)
Gardner, Mrs. Buckman
530 Willow Spring Rd. (40)
Garner, Mrs. W. Stanley.....5850 White Oak Ct. (20)
Garrett, Mrs. Robert A....95 Wellington Rd. (60)
Geider, Mrs. Roy A.
5816 Pleasant Run Pkwy., N. Dr. (19)
Geisler, Mrs. Hans E...7085 N. Pennsylvania (20)
Gick, Mrs. Herman H.....451 Eastern Ave. (1)
Gifford, Mrs. Fred E...5125 N. Meridian St. (8)
Gillespie, Mrs. Charles F..4530 Berkshire Rd. (26)
Gillespie, Mrs. Jacob E.....8046 Morningside Dr. (40)
Girod, Mrs. Donald A..3515 Melbourne Circle (08)
Glover, Mrs. John L.....4124 Sunmeadow Lane (8)
Goldman, Mrs. Samuel....428 Woodmere Dr. (60)
Gormley, Mrs. Joseph J.
4560 Crooked Creek Ridge Dr. (8)
Graham, Mrs. John D...6315 Old Orchard Rd. (26)
Gray, Mrs. Howard R.....2625 Knollwood Dr. (8)
Grayson, Mrs. Ted L.....8163 Round Hill Ct. (60)
Greene, Mrs. Morgan E.
2014 Winchester Dr. (27)
Greist, Mrs. John H.
4343 Washington Blvd. N. (5)
Griffin, Mrs. Leslie.....3203 W. 57th St. (8)
Griffith, Mrs. Richard S.
2002 Cunningham Rd. (24)
Grisell, Mrs. Ted L...5211 Brendon Ridge Rd. (26)
Grosz, Mrs. Hanus J.....7233 Lakeside Dr. (78)
Gruber, Mrs. Charles M., Jr.
3102 Kessler Blvd., E. Dr. (20)
Gustafson, Mrs. Gerald S.
5768 N. Pennsylvania St. (20)

H

Habegger, Mrs. E. Dale....3120 W. 51st St. (8)
Hackney, Mrs. Victor C...5262 Olympia Dr. (08)
Hadley, Mrs. David.5601 N. Pennsylvania St. (20)
Haggard, Mrs. Edmund B.
5914 N. Emerson Ave. (20)
Hall, Mrs. Frank M.
8633 N. Pennsylvania St. (40)
Hall, Mrs. Jack H.....5960 Braewick Rd. (26)
Hampshire, Mrs. Donald R.
7979 Morningside Dr. (40)
Hann, Mrs. E. Carl ...5218 Laurel Hall Dr. (26)
Hanna, Mrs. Thomas A.....5009 W. 15th St. (24)
Harcourt, Mrs. Robert S...6408 Braemore Rd. (20)
Harding, Mrs. M. Richard.5440 Channing Rd. (26)
Harger, Mrs. Robert W...46 West 52nd Street (8)
Haslinger, Mrs. Clarence J.
2818 Barberry Lane (05)
Hatfield, Mrs. Nicholas W...5851 E. 54th Pl. (26)
Hawk, Mrs. Edgar A.....7328 Huntington Rd. (40)
Hawk, Mrs. James H.....400 E. 43rd St. (5)
Haymond, Mrs. Joseph L.
2745 Crescent Hill Lane (08)
Hays, Mrs. Everett L.....2607 Manker Ave. (3)
Healey, Mrs. Robert J.
5559 Washington Blvd. (20)
Hedrick, Mrs. Philip W.....9232 N. Delaware (40)
Heimburger, Mrs. Robert F.
4462 Central Ave. (05)
Helmen, Mrs. Charles H.....5269 Roland Dr. (08)
Helmer, Mrs. O. M..... .5015 N. Illinois St. (8)
Helveston, Mrs. Eugene M.....7241 Merriam Rd. (20)
Heubi, Mrs. John E.....6904 Park Ave. (20)
Hibbeln, Mrs. Fred P.....8360 Washington Blvd. (40)
Hibbeln, Mrs. Thomas J.....1112 Oakwood Trail (60)
Hickam, Mrs. John B...7050 N. Pennsylvania (20)
Hickman, Mrs. Jack W.
3736 Spring Hollow Rd. (8)
Hill, Mrs. Herbert..4422 Melbourne, W. Dr. (8)
Hill, Mrs. James K.....2507 Bluffwood Dr. (8)
Himelstein, Mrs. N. Harvey
5250 Olympia Dr. (8)
Hogan, Mrs. Michael A.
7330 Steinmeier Dr. (50)
Holland, Mrs. William M.
5244 N. Pennsylvania (20)
Holman, Mrs. Jerome E., Jr.
5930 Central Ave. (20)
Hood, Mrs. Ainslee A...1810 Rosedale Drive (27)
Hopkins, Mrs. Bruce.....1910 E. 109th (80)
Howell, Mrs. Joseph D.....4514 E. 79th St. (50)
Hoyt, Mrs. Millard L...5725 Hunterglen Rd. (26)
Hull, Mrs. Ronald H.....6252 Bramshaw Rd. (20)
Hummons, Mrs. Francis D.
4045 Clarendon Rd. (8)
Hurteau, Mrs. William W...201 West 75th St. (60)
Hurwitz, Mrs. Roger..9079 Dewberry Court (60)

I-J

Irwin, Mrs. Glenn W., Jr. 8025 N. Illinois St. (60)
James, Mrs. C. E..4504 Hidden Orchard Lane (8)
Jestadt, Mrs. John J.....6349 Johnson Rd. (20)
Jewett, Mrs. Joe H.....5803 Sherman Ave. (20)
Jinks, Mrs. Clifford H.....1831 E. 61st St. (20)
Johnson, Mrs. A. Cedric, Jr.
4550 Melbourne Rd. (8)
Johnson, Mrs. Earl H...4801 Plantation Dr. (50)
Johnson, Mrs. Thomas W.....351 W. 63rd St. (60)
Jones, Mrs. David E...5433 Hawthorne Dr. (26)
Jones, Mrs. George..8933 Southeastern Ave. (39) (Wanamaker)
Jones, Mrs. Richard A.....5205 Nob Lane (26)
Jontz, Mrs. Jon P.....3725 Chevoit Pl. (5)
Joseph, Mrs. Rex M.....620 Hickory Lane (27)
Jowitt, Mrs. Richard H.
5390 Brendonridge Rd. (26)
Judd, Mrs. Russell L.....5505 Far Hill Rd. (26)

K

Kahn. Mrs. Howard L.....321 W. 62nd (60)
Kaiser, Mrs. James L.....4909 N. Meridian (08)
Kammen, Mrs. Leo.....7030 Central Ave. (20)
Katterjohn, Mrs. James C.
9035 Pickwick Dr. (60)
Keenan, Mrs. George B.
2015 E. Thompson Rd. (27)
Keever, Mrs. Charles H., Sr.
9016 Keever Rd., R. R. 18, Box 289 B (24)
Kendrick, Mrs. Wm. M...735 Round Hill Rd. (60)
Kennedy, Mrs. Hunter F....5790 E. Michigan (19)
Kennedy, Mrs. Joseph T.
5316 Brendonridge Rd. (26)
Kenney, Mrs. David B.....4546 Dickson Rd. (26)
Kiefer, Mrs. C. Raymond....1315 W. 10th St. (02)
King, Mrs. Harold K...5430 Channing Rd. (26)
King, Mrs. Harry....7979 N. Pennsylvania (40)
Kissel, Mrs. Wesley A...3721 Briarwood Dr. (40)
Kitterman, Mrs. Harry E.
5108 Graceland Ave. (08)
Klain, Mrs. Benjamin V.
826 Park Central Ct. N., Apt. D (60)
Klutinoty, Mrs. George.2275 Wynnedale Rd.(8)
Kneidel, Mrs. J. H.....918 E. 57th St. (20)
Knowles, Mrs. Charles Y.
7621 Ivywood Dr., Apt. B (50)
Kohlstaedt, Mrs. Kenneth G...645 E. 80th St. (40)
Kooiker, Mrs. John E.....1143 W. 75th St. (60)
Koons, Mrs. Karl M., Jr.
5725 Brookwood Rd. (26)
Kornafel, Mrs. Laddie H...6201 College Ave. (20)
Kurlander, Mrs. Gerald J...433 Woodmere Dr. (60)
Kurtz, Mrs. Philip L.....296 W. 73rd St. (60)
Kwitny, Mrs. I. J.....5504 Rue Marceau (20)

L

LaDine, Mrs. Clarence B...5417 N. Meridian (8)
Lamb, Mrs. Emmett B...1180 Golden Hill Dr. (8)
Lamb, Mrs. Russell W....4636 N. Capitol Ave. (8)

Lasich, Mrs. Anthony R....5320 Channing Rd. (26)
Lawrence, Mrs. James M....4548 Manning Rd. (8)
Leasure, Mrs. J. Kent....5823 Brockton Dr. Apt. 3 (20)
LeMaster, Mrs. Theodore R. 5257 Hedgerow Dr. (26)
Leser, Mrs. Ralph U.....5434 Ashurst St. (20)
Levi, Mrs. Leon....6902 N. Pennsylvania St. (20)
Lewis, Mrs. Paul S.....6380 W. Ohio St. (24)
Lewis, Mrs. Robert J...5800 Lawrence Dr. (26)
Lichtenberg, Mrs. Melvin 8520 Canterbury Sq. East Apt. A. (60)
Liebschutz, Mrs. Norman H. 6739 Woodmere Ct. (60)
Lindenborg, Mrs. Paul G. 6431 Creekside Lane (26)
Lindseth, Mrs. Richard E...2903 W. 52nd St. (08)
Lingeman, Mrs. Raleigh E. 4235 N. Pennsylvania (5)
Loehr, Mrs. Wm. M...1426 E. Kessler Blvd. (20)
Logan, Mrs. Patrick C. 5414 Washington Blvd. (20)
Lord, Mrs. Glenn C.....7437 Holliday Dr. W. (60)
Lord, Mrs. Thomas J.....55 E. 70th St. (20)
Lo Sasso, Mrs. Alvin M..4742 Bluffwood Dr. (08)
Love, Mrs. George N. 5331 Washington Blvd. (20)
Lowe, Mrs. John C.....5405 Roxbury Rd. (26)
Luginbill, Mrs. Howard 5736 Brendon Forest Dr. (26)
Lukemeyer, Mrs. George T. 8395 N. Illinois (60)
Lunsford, Mrs. Thomas E.....215 E. 71st St. (20)
Luros, Mrs. J. Theodore....156 Fairway Dr. (60)

M

McAlpine, Mrs. Richard J...8102 Oak Hill Dr. (50)
McAree, Mrs. Francis E. 5521 Overbrook Circle (26)
McBride Mrs. James S.....720 E. 80th St. (40)
McCallum, Mrs. Donald C...5610 E. 56th St. (26)
McCallum, Mrs. Robert N...1151 Pimbury Ct. (60)
McCartney, Mrs. Donald H. 410 East 56th St. (20)
McClain, Mrs. Edwin S.....416 W. 77th St. (60)
McCormick, Mrs. Charles O., Jr. 4240 Glencairn Lane (26)
McDaniel, Mrs. Edwin C.....6362 Breamore Rd. (20)
McDougal, Mrs. Robert A. 5339 Hedgerow Dr. (26)
McGrath, Mrs. Michael F. 6183 Washington Blvd. (20)
McIntyre, Mrs. James M. 7360 Hazelwood Ave. (60)
McNutt, Mrs. Cyrus C...8639 Lancaster Rd. (60)
McQuiston, Mrs. Ralph J...6120 Lawrence Dr. (26)
Mackey, Mrs. John E.....940 W. 58th St. (8)
Madden, Mrs. Robert J.....1420 Audubon Rd. (19)
Malloy, Mrs. Francis E. Jr. 7050 Kingswood Circle (56)
Mandelbaum, Mrs. Isidore 803 Springmill Lane (60)
Manion, Mrs. Marlow W. 5132 N. New Jersey St. (5)
Manning, Mrs. Randolph....202 E. 75th St. (40)
Marks, Mrs. John S., Jr. 6848 N. Pennsylvania (20)
Markstone, Mrs. David H.....9805 Sourwood (60)
Marshall, Mrs. Albert L., Jr. 5960 Carvel Ave. (20)
Marshall, Mrs. Cavins R...4103 N. Illinois St. (08)
Martin, Mrs. Loren H.....3127 E. 52nd St., Apt. A-5 (05)
Martz, Mrs. Carl D.....7926 Hawthorne Ct. (26)
Masters, Mrs. John M.....34 E. 46th St. (5)
Masters, Mrs. Robert J.....330 W. 106th St. (90)
Matthew, Mrs. W. Burleigh 800 W. Kessler Blvd. (8)
Matthews, Mrs. B. J.....966 North Graham (19)
Matthews, Mrs. William M. 5215 Knob Lane (26)
Maxam, Mrs. Beverly T. 6220 Sunset Lane (60)
Maxwell, Mrs. Sam B...7433 Irvington Ave. (50)
Mealey, Mrs. John, Jr.....7647 Washington Blvd. (40)
Meiks, Mrs. Lyman T. 4203 N. Pennsylvania St. (5)
Melin, Mrs. John R.....2628 Knollwood Dr. (08)
Mericle, Mrs. Earl W. 8455 Washington Blvd. (40)
Mertz, Mrs. John H. O. 4725 Kessler Blvd., N. Dr. (8)
Michael, Mrs. Isaac E.....5208 Roland Dr. (8)
Middleton, Mrs. H. N...3828 Rookwood Ave. (8)
Miller, Mrs. Jerry A.....1430 Brewster Rd. (60)
Miller, Mrs. Jerry R...7237 Sylvan Ridge Rd. (40)
Miller, Mrs. Lee H...5441 Brendonridge Rd. (26)
Miller, Mrs. Roscoe E.....7400 W. 88th St. (78)
Mitchell, Mrs. Earl N. 1222 N. Irvington Ave. (19)
Moak, Mrs. Glenn D....4339 Royal Pine Dr. (50)
Moe, Mrs. John F.....4360 Swanson Dr. (08)
Moore, Mrs. Donald F. 1315 West 10th Street (7)
Moore, Mrs. Harold T...5802 Allisonville Rd. (20)
Moore, Mrs. Thomas S....7602 Woodside Dr. (60)
Moores, Mrs. William B...2205 Durham Dr. (20)
Moriarty, Mrs. John.....6130 Smock Dr. (27)
Morrison, Mrs. Lewis E., II 5751 Wildwood Ave. (20)
Morton, Mrs. Joseph L.....3272 W. 42nd St. (8)
Morton, Mrs. Philip M.....2160 Weslyn Dr. (08)
Moss, Mrs. H. C. 4802 North Washington Blvd. (5)
Mothersill, Mrs. M. H.....3605 N. College (05)
Mouser, Mrs. Robert W...5545 N. Meridian St. (8)
Muller, Mrs. Lullus P. 5675 Washington Blvd. (20)
Murray, Mrs. Raymond H. 2522 Blue Grass Dr. (08)

N

Nagan, Mrs. Robert F.....555 Somerset Dr. (60)
Nation, Mrs. Robert D.....2900 Galahad Dr. (08)
Nay, Mrs. Richard M...6625 N. Sherman Dr. (20)
Need, Mrs. David J.....530 Phaeton Pl. (27)
Need, Mrs. Louis T.....3627 Bluff Rd. (17)
Need, Mrs. R. L.....3905 Byrd Dr. (27)
Nester, Miss Lena Laura 5324 N. Pennsylvania St. (20)
Newman, Mrs. Daniel M.....8080 N. Illinois (60)
Nie, Mrs. Louis W...3525 Delaware Commons (20)
Nohl, Mrs. John M.....5410 Eastridge Dr. (19)
Nolan, Mrs. Robert B...5616 N. Pennsylvania (20)
Norris, Mrs. Max S.....8899 Pickwick Dr. (60)
Nourse, Mrs. Myron H. 8064 Morningside Dr. (40)
Nurnberger, Mrs. John I. 5215 Washington Blvd. (20)

O

O'Brian, Mrs. Earl J. 4525 Crooked Creek Ridge Rd. (8)
Offutt, Mrs. Andrew C. 750 N. Campbell Ave. (19)
Olvey, Mrs. Ottis N.....5428 Central Ave. (20)
Otten, Mrs. Claude F..5222 Washington Blvd. (20)
Overley, Mrs. Toner M., Jr. 8333 N. Illinois St. (60)
Owen, Mrs. John E.....4429 N. Illinois St. (8)
Owens, Mrs. Tracy C.....2211-A Rome Dr. (08)

P

Palmer, Mrs. Robert W....4802 Laurel Circle (26)
Pantzer, Mrs. John G., Jr.....100 Gregg Rd. (60)
Parker, Mrs. George F., Jr. 1424 N. Riley (01)
Parks, Mrs. Herbert E. 5533 Overbrook Circle (26)
Parr, Mrs. Robert L.....4407 Dickson Rd. (26)
Paulissen, Mrs. George T...741 E. Markwood (27)

Pauszek, Mrs. Robert B.
6815 Creekside Lane (20)
Paynter, Mrs. Morris B...115 Roberts Rd. (17)
Peck, Mrs. Franklin B., Jr.
8181 Lincoln Blvd. (40)
Peirce, Mrs. James D.
5027 Washington Blvd. (5)
Pennington, Mrs. W.E.....Baptist Home,
5300 W. 96th St. (68)
Peters, Mrs. Robert J. D.
3203 E. Michigan St. (1)
Petranoff, Mrs. Theodore V.
2814 Questend, S. Dr. (22)
Phillips, Mrs. David L.....4207 N. Pennsylvania
(05)
Pickett, Mrs. Robert D...4713 Millersville Rd. (26)
Pierce, Mrs. Emmett....1034 N. Bolton Ave. (19)
Pilcher, Mrs. Jack..2810 Barbary Lane "B" (05)
Pile, Mrs. Stafford, W., Jr.
9469 Compton Ave.(40)
Pittman, Mrs. John N.....136 E. 43rd St. (5)
Popplewell, Mrs. Arvine G.
141 E. Southport Rd. (27)
Powell, Mrs. Richard C...5359 Hedgerow Dr. (26)
Pratt, Mrs. George B.....9084 Dewberry Court
(60)
Pribble, Mrs. Robert H...5717 Roxbury Circle (26)
Price, Mrs. Francis W.
550 East Edgewood Ave. (27)
Price, Mrs. Walter S.
2106 Hawkesbury Lane, Apt. 8 (60)
Pryor, Mrs. Richard C...4730 Cranbrook Dr. (50)

R

Raber, Mrs. Robert M.....265 Williams Ct. (60)
Rader, Mrs. George S.....3778 E. 62nd St. (20)
Rafalski, Mrs. Thomas A.
3135 Shady Grove Court (22)
Ragan, Mrs. William D...2157 Wilshire Road (8)
Ramage, Mrs. Walter F.
5440 Shelbyville Road (27)
Ramsey, Mrs. Frank B.....1401 W. 52nd St. (8)
Rapp, Mrs. George F.....650 E. 80th St. (40)
Reed, Mrs. Thomas E.....5417 Roxbury Rd. (26)
Rees, Mrs. Russel C..1010 Charleston, W. Dr. (19)
Reid, Mrs. Charles A.....6506 Madison Ave. (27)
Reitz, Mrs. Lawrence A.....5250 Roland Dr. (8)
Rice, Mrs. Frederic A.....5802 E. 46th St. (26)
Rice, Mrs. Raymond D.....722 Pine Dr. (60)
Rice, Mrs. Raymond M.
7799 E. Holliday Drive (60)
Rice, Mrs. Ronald B...5251 Washington Blvd. (20)
Rich, Mrs. Richard.....5236 Hedgerow Dr. (26)
Richardson, Mrs. Thad T.
6126 E. St. Joseph St. (19)
Ridolfo, Mrs. Anthony S.....6139 Maren Dr. (24)
Robb, Mrs. John A...5151 N. Pennsylvania St. (5)
Roberts, Mrs. Warren C.....450 W. 93rd St. (60)
Rochlin, Mrs. I.....212 E. 71st St. (20)
Roesch, Mrs. Ryland....5439 Shorewood Dr. (20)
Rogers, Mrs. Donald L.
2618 Bluffwood Dr., W. (8)
Roll, Mrs. John W.....6340 Bramshaw (20)
Roller, Mrs. Charles W.....2301 Garfield Dr. (3)
Romberger, Mrs. Floyd T., Jr..10 W. 64th St. (60)
Rosenak, Mrs. Bernard D.
5254 N. Delaware St. (20)
Ross, Mrs. Alexander T. 6050 Knyghton Rd. (20)
Ruddell, Mrs. Keith R..1201 Golden Hill Drive (8)
Rudesill, Mrs. Robert L. 5311 N. Pennsylvania (20)
Ruth, Mrs. Martin L.....7 N. Colorado Ave. (01)
Ryan, Mrs. Glen V.
3168 E. Fall Creek Pkwy., N. Dr. (5)

S

Sage, Mrs. Russell A...7531 Morningside Dr. (40)
Sanders, Mrs. Fred....6154 Forest View Dr. (08)
Sappenfield, Mrs. Ralph S.....7102 Dean Rd. (40)
Schechter, Mrs. John S...6333 Glen Coe Dr. (60)
Schlaegel, Mrs. T. F.....4536 Dickson Rd. (26)
Schlegel, Mrs. Donald M....3944 Cranbrook (40)
Schmalhausen, Mrs. A. N.
6227 Hillcrest Lane (20)
Schneider, Mrs. Carl J.....340 N. Kenyon (19)
Schneider, Mrs. Paul A.....5718 Roxbury Ct. (26)
Schnute, Mrs. Richard....752 Round Hill Rd. (60)
Schuchman, Mrs. Gabriel..5944 Central Ave. (20)
Schuster, Mrs. Dwight.4503 Washington Blvd. (5)
Scofield, Mrs. John B.....9014 Pickwick (60)
Scott, Mrs. John R.....7966 N. Illinois St. (60)
Seaman, Mrs. Charles F. 5353 Channing Rd. (26)
Searight, Mrs. John L.....5830 University (19)
Sedam, Mrs. Herbert L. 4819 Millersville Rd. (26)
Sellmer, Mrs. George.....8760 Driftwood (40)
Sexson, Mrs. Hiram T...5455 N. Meridian St. (8)
Shafer, Mrs. Marion R. 6290 Allisonville Rd. (20)
Shapiro, Mrs. Burton J. 525 Woodmere Dr. (60)
Shipley, Mrs. Edward C...5504 Hawthorne Dr. (26)
Shullenberger, Mrs. Wendell A.
4535 Central Ave. (5)
Shumacker, Mrs. Harris B., Jr.
6834 N. Pennsylvania St. (20)
Sicks, Mrs. Okla W.....607 E. 82nd (40)
Sigmond, Mrs. Harvey..3245 N. Pennsylvania (5)
Sims, Mrs. J. Lawrence....3723 N. Gale St. (18)
Sluss, Mrs. David.....3657 Washington Blvd. (5)
Smith, Mrs. E. Rogers.....160 W. 47th St. (08)
Smith, Mrs. Ray C. Jr.
6405 Landborough, N. Dr. (20)
Smith, Mrs. Roy Lee..1427 West Stop 11 Rd. (17)
Sobat, Mrs. William.....7424 Bentley Dr. (24)
Solomon, Mrs. Reuben A.
5330 N. Pennsylvania (20)
Soper, Mrs. Hunter A.
5325 Green Braes, E. Dr. (34)
Sovine, Mrs. Joe W.....8182 N. Illinois St. (60)
Spahr, Mrs. John F., Jr.
3014 Green Hills Lane, N. Dr. (22)
Sparks, Mrs. Alan L.
5466 N. Pennsylvania St. (20)
Spears, Mrs. John M.....6910 Shelby (27)
Speckman, Mrs. Glenn H.....5242 Park Ave. (20)
Sputh, Mrs. Carl B., Jr.
5671 Rolling Ridge Rd. (20)
Stansbury, Mrs. Wm. E.....5610 E. 16th St. (18)
Stephens, Mrs. Donald E.....5555 Broadway (20)
Stoelting, Mrs. V. K.....4706 Laurel Circle (26)
Stone, Mrs. Alvin T.....6295 N. Tuxedo (20)
Stone, Mrs. David.....5453 Ashurst (20)
Storey, Mrs. D. Edmund
808 Forest Blvd., N. Dr. (40)
Storms, Mrs. Roy B.....5041 Central Ave. (5)
Stouder, Mrs. Stephen R...4567 Lincoln Rd. (08)
Strang, Mrs. Wm. C.....7760 Cree Trail (50)
Streeter, Mrs. Ralph T.....5265 N. Meridian (8)
Strickland, Mrs. James W....7024 Broadway (20)
Stucky, Mrs. Elsworth K.
4528 N. Meridian St. (8)
Stump, Mrs. Loyd K.....6375 Brixton Lane (20)
Suelzer, Mrs. John.....4538 Sylvan Rd. (8)
Suess, Mrs. Robert E.....6926 Johnson Rd. (20)
Sutton, Mrs. Wm. E.....5807 Brockton Dr. (20)
Swan, Mrs. John R.....320 Arden Dr. (20)
Szynal, Mrs. John S....4705 Andover Square (26)

T

Talbott, Mrs. Dan E..6470 N. Michigan Rd. (68)
Tanner, Mrs. Henry S.
4461 N. Pennsylvania St. (5)
Taube, Mrs. Jack I...4353 N. Pennsylvania St. (5)
Taylor, Mrs. Clifford C.
3720 Briarwood Dr., E. (40)
Taylor, Mrs. Frederic W.....40 E. 43rd St. (5)
Taylor, Mrs. Willis D.....710 E. 73rd St. (40)
Teague, Mrs. Frank W.....555 W. Pine Dr. (60)
Tether, Mrs. J. Edward.....4839 E. 56th St. (20)
Tharpe, Mrs. Ray G.....6161 Sunset Lane (8)
Thatcher, Mrs. Hugh K., Jr...408 E. 45th St. (5)

Thoman, Mrs. Rex L.....7338 N. Chester (40)
Thomas, Mrs. Charles R.
9009 E. Southport Rd. (27)
Thomas, Mrs. Fred A.....5827 Broadway (20)
Thomas, Mrs. Lowell I.....28 W. Hampton Dr. (8)
Thomas, Mrs. Morris E.
6215 Spring Mill Rd. (60)
Thompson, Mrs. Paul D.
6605 Eden Roc Crest (20)
Thompson, Mrs. Wayne.6519 Creekside Lane (20)
Throop, Mrs. Frank B..4134 Sunmeadow Lane (8)
Tinsley, Mrs. Walter B., Jr.
4505 Melbourne Rd. (8)
Tinsley, Mrs. Walter B., Sr. 5638 Broadway (20)
Tondra, Mrs. John M.....4511 Broadway (5)
Torrella, Mrs. Jose A.....5721 W. 18th St. (24)
Trudgen, Mrs. Spencer F.....9085 Pickwick (60)
Trusler, Mrs. Harold M.
6150 N. Meridian St. (8)
Trusler, Mrs. H. Marshall
8750 Coventry Road (60)
Tucker, Mrs. Warren S.
5338 N. Pennsylvania St. (20)
Tyner, Mrs. Harlan H.....3663 N. Delaware (5)

U-V

Ullom, Mrs. Ralph.....520 Wayside Dr. (60)
Van Campen, Mrs. Warren M...5801 N. Olney St., Apt. 5 (20)
Van Meter, Mrs. C. Powell
4942 Allisonville Road, Apt. A (05)
Vollrath, Mrs. Victor J.
7980 N. Pennsylvania St. (40)
Von Der Haar, Mrs. Gerard
5604 Surrey Hill Rd. (26)
Vore, Mrs. Robert E.....5350 Marmon Circle (26)

W

Waife, Mrs. S.O.....8140 N. Illinois St. (60)
Wainscott, Mrs. Clinton S.
5332 Channing Road (26)
Waldo, Mrs. J. Thayer.....420 W. 64th St. (60)
Walker, Mrs. George.....7950 Sargent Rd. (56)
Walther, Mrs. Joseph E.
4266 N. Pennsylvania St. (5)
Walton, Mrs. William M.
8007 N. Illinois St. (60)
Warneke, Mrs. Charles.....6115 Spring Mill Rd. (08)
Warriner, Mrs. James B...990 N. Bolton Ave. (19)
Warvel, Mrs. John H.....1101 W. 91st St. (60)
Weller, Mrs. C. A...3954 N. Adams, Apt. 395 (05)
West, Mrs. Joseph L.....355 W. 62nd St. (60)
Westfall, Mrs. B. Kemper, Jr.
4001 N. Meridian St. (8)
Wheeler, Mrs. David E.
6100 Old Shelbyville Rd. (27)
White, Mrs. Donald J..7218 Sylvan Ridge Rd. (40)
White, Mrs. Douglas H., Jr.
7405 Frederick Dr. East (60)
White, Mrs. John B.....5850 High Fall Rd. (26)
Wilkens, Mrs. Irvin W.
4820 E. Pleasant Run Pkwy., N. Dr. (1)
Williams, Mrs. C. L...6268-G. Adams Blvd. E. (20)
Williams, Mrs. Harold.5536 Overbrook Circle (26)
Williams, Mrs. Howard S., Jr.
3824 N. Delaware St. (05)
Williams, Mrs. Hugh L...6231 Knyghton Rd. (20)
Wirey, Mrs. Harold R...4906 S. Sherman Dr. (27)
Wise, Mrs. William R...4360 Kessler, N. Dr. (08)
Wishard, Mrs. William N. Jr.
25 E. 40th St. 7B (05)
Witham, Mrs. Robert
830 Park Central Ct., Apt. C (60)
Wolfram, Mrs. Don J.
5716 N. Pennsylvania St. (20)
Wood, Mrs. Donald E...6467 W. Holliday Dr. (20)
Woolling, Mrs. Kenneth R..5751 Central Ave. (20)
Wray, Mrs. James B.
4707 Briar Patch Court (50)
Wrege, Mrs. Malcolm..5411 Shorewood Dr. (20)
Wright, Mrs. J. Wm., Jr.
4220 Knollton Rd. (8)
Wunsch, Mrs. Charles M.
6941 Washington Blvd. (20)
Wyttenbach, Mrs. John E..5808 Eastview Ct. (50)

Y-Z

Yacko, Mrs. Michael L.
5341 N. Channing Rd. (26)
Yingling, Mrs. Robert J..5322 Hedgerow Dr. (26)
Young, Mrs. John E.....5920 Lawrence Dr. (26)
Young, Mrs. John M.
4535 Marcy Lane, No. 261 (5)
Zell, Mrs. Evertson H...4747 Millersville Rd. (26)
Zerfas, Mrs. Charles.....11702 Maze Rd. (59)

Iske, Mrs. Paul G.....R. R. 1, Paragon (46166)
Kalsbeck, Mrs. John E...R. R. 2, Box 168, Zionsville (46077)
Miller, Mrs. John D...R. R. 1, Box 176, Zionsville (46077)
Myers, Mrs. Roy V.....7710 Beta Circle, West Palm Beach, Fla. (33406)

MARSHALL-STARKE COUNTY

Hampton, Mrs. James N...R. R. 2, Argos (46501)
Bowen, Mrs. Otis R...304 N. Center St., Bremen (46506)
Burket, Mrs. Cecil R.....121 E. Grant St., Bremen (46506)
Stine, Mrs. Marshall.420 Shumaker Dr., Bremen (46506)
Faulkner, Mrs. Donald J.
1002 Academy Road, Culver (46511)

Knox

(*Zip Code* 46534)

Henry, Mrs. Howard J.....R. R. 1
Ingwell, Mrs. Guy B.....402 E. Lake St.
McClure, Mrs. Clark.....R. R. 1
Palmer, Mrs. Allen.....303 E. Lake St.

Plymouth

(*Zip Code* 46563)

France, Mrs. Lloyd C.....R. R. 2
Guild, Mrs. Kent.....R. R. 5
Kubley, Mrs. James.....LaPorte St.
Rimel, Mrs. James F.....909 Bayless
Robertson, Mrs. James S.....1081 Highland Ct.
Stoller, Mrs. Harry.....R. R. 5

MONTGOMERY COUNTY

Crawfordsville

(*Zip Code* 47933)

Cooksey, Mrs. Thomas L.....205 Marshall
Daugherty, Mrs. Fred N.....415 W. Main St.
Eggers, Mrs. Richard.....203 West St.
Haller, Mrs. Thomas C.....38 Delmar Dr.
Howland, Mrs. Carl B.....R. R. 1
Humphreys, Mrs. John W.....1309 Durham Dr
Kindell, Mrs. Hurschell.....R. 4
Kirtley, Mrs. James M.....615 Thornwood Rd.
Ludwig, Mrs. Paul E.....1 Locust Hill
Peacock, Mrs. Norman F.....111 Wallace Ave.
Pierson, Mrs. Robert H.....305 E. Main St.
Richards, Mrs. Edgar E.....Danville Rd.. R. R.
Shannon, Mrs. Wesley E.....6 Locust Hill Dr.
Stephens, Mrs. James P.....1407 Durham Dr.
Taylor, Mrs. Joann M...Washington Manor Apts.
Viray, Mrs. V. G.....804 North St.

Smith, Mrs. Byron J.....Kingman (47952)
Blix, Mrs. Fred.....Ladoga (47954)
Rusk, Mrs. Hubert M.....Box 36, Wallace (47988)
Thompson, Mrs. Claude.....Waynetown (47990)

MORGAN COUNTY

Martinsville

(*Zip Code* 46151)

Brubeck, Mrs. Robert.....789 Valley Drive
Drake, Mrs. Ellery T.....Box 110
Eisenberg, Mrs. David....Box 310, Sunnyside Dr.
Gray, Mrs. Leon.....589 Valley Drive N.
Miller, Mrs. Ray D.....R. R. 8, Box 475
Miller, Mrs. Robert J.....R. R. 3, Box 180
Pitkin, Mrs. McKendree C...440 E. Washington St.
Turner, Mrs. Maurice A.....490 East Pike St.
Van Wienen, Mrs. John.....439 N. Jefferson
Willan, Mrs. Horace R.....109 S. Jefferson
Winter, Mrs. William.....415 N. Jefferson

Mooresville

(*Zip Code* 46158)

Comer, Mrs. Charles W.....R. R. 2
Comer, Mrs. Kenneth E.....R. R. 2

Murphy, Mrs. M. G.....Box 167, Morgantown (46160)
Wilson, Mrs. Oliver R.
Box 65, R. R. 3, Morgantown (46160)

NOBLE-LaGRANGE COUNTIES

Mattox, Mrs. Dean L.....R. R. 1, Box 116, Howe (46746)
Taylor, Mrs. Reed M.....Howe (46746)
Bowman, Mrs. Charles
P.O. Box 24, Kendallville (46755)
Greenlee, Mrs. Joseph A., Jr.
439 Water St., Kendallville (46755)
Gutstein, Mrs. Richard R.
120 Diamond, Kendallville (46755)
Hepner, Mrs. Herman
408 S. Main, Kendallville (46755)
Messer, Mrs. Frank W.
328 S. Oak St., Kendallville (46755)
Seybert, Mrs. Joseph D.
117 S. Riley, Kendallville (46755)
Slough, Mrs. Richard B.....111 S. Park Ave., Kendallville (46755)
Stallman, Mrs. Carl F.....Sunset Shores, Kendallville (46755)
Williams, Mrs. H. O.
735 Mitchell St., Kendallville (46755)
Mellinger, Mrs. Michael O.
210 S. Sherman St., LaGrange (46761)
Studebaker, Mrs. Lloyd R.....325 W. Spring St., LaGrange (46761)
Hooker, Mrs. Donald J.....3 Hawthorne Dr., Ligonier (46767)
Stone, Mrs. Robert C.....501 S. Main St., Ligonier (46767)
Stultz, Mrs. Quentin F.....406 S. Main St., Ligonier (46767)
Colligan, Mrs. Francis X.....P.O. Box 327, Topeka (46571)
Lehman, Mrs. Kenneth M.....P.O. Box 128, Topeka (46571)
Martin, Mrs. Allen S.....R. R. 2, Shipshewanna (46565)
Fipp, Mrs. A. L.....Rome City (46784)

PARKE-VERMILLION COUNTIES

Clinton

(*Zip Code* 47842)

Evans, Mrs. Fred J.....R. R. 1
Herzberg, Mrs. Milton.....545 S. Fourth St.
Somerville, Mrs. John W...P. O. Box 264, R. R. 2

Webb, Mrs. L. C.....Dana (47847)

Rockville

(*Zip Code* 47872)

Beebe, Mrs. Milton O., Jr.....9 Valley Dr.
Bloomer, Mrs. Richard S.....502 W. York St.
Swaim, Mrs. J. Franklin.....Rockville

PERRY-SPENCER COUNTIES

Bush, Mrs. Hargis R.....Sixth St., Cannelton (47520)
Gilbert, Mrs. Robert G.
15 Clifton Heights, Cannelton (47520)
Snyder, Mrs. Earl.....Troy (47588)

Tell City

(*Zip Code* 47586)

James, Mrs. Nicholas A.....740 Ninth St.
Lally, Mrs. Bernard.....918 Main St.
Lohoff, Mrs. Lewis C.....425 10th St.
Neifert, Mrs. Noel L.....1118 Blum St.
Ress, Mrs. Gene E.....1540 13th St.
Smith, Mrs. Fred, Jr.....Smith Hill
Ward, Mrs. Robert A.....507 Main St.

PUTNAM COUNTY

Veach, Mrs. Richard L.....Bainbridge (46105)
Ellett, Mrs. John, Jr...Box 126, Coatesville (46121)
Jacobs, Mrs. Rene M...Box 153, Coatesville (46121)
Viera, Mrs. J. Thomas.....R. R. 2, Coatesville (46121)

Greencastle

(*Zip Code* 46135)

Dettloff, Mrs. Frederick R.....300 Highfall Ave.
Haggerty, Mrs. Fred.....406 Melrose Ave.
Hannon, Mrs. Edward J.....409 Melrose Ave.
Johnson, Mrs. James B.....314 Highfall Ave.
Lett, Mrs. James.....335 Greenwood
Marvel, Mrs. Robert J.....R. R. 2
Roof, Mrs. Roger.....713 Highridge
Schauwecker, Mrs. Cleon M.....R. R. 3
Steele, Mrs. Dick J.....207 Northwood Blvd.
Thompson, Mrs. Edward J.....U.S. 40
Tipton, Mrs. William R.....103 Northwood Blvd.
Wiseman, Mrs. V. Earle.....6 Durham Ave.

RANDOLPH COUNTY

Farmland

(*Zip Code* 47340)

Nixon, Mrs. Byron.....312 N. Main
White, Mrs. Harvey E.....200 S. Main

Shallenberger, Mrs. H. R.....Modoc (47358)

Union City

(*Zip Code* 47390)

Chambers, Mrs. Carol R.....1000 N. Columbia St.
Chambers, Mrs. Leroy B.....200 Carter St.
Landon, Mrs. David J.....R. R. 2, Box 75
Phipps, Mrs. Leland K.....R. R. 1, Box 63A
Reid, Mrs. Robert W.....706 W. Division
Wagoner, Mrs. B. D.....409 N. Columbia St.

Winchester

(*Zip Code* 47394)

Dininger, Mrs. William S.....303 S. Main St.
Engle, Mrs. Russell B.....R. R. 2
Painter, Mrs. Lowell W.....507 S. Main St.
Slick, Mrs. C. R.....512 S. Oak St.
Sparks, Mrs. Paul W.....R. R. 2

RUSH COUNTY

McNabb, Mrs. George B.....Carthage (46115)
Smith, Mrs. Stephen D.
304 N. Washington, Knightstown (46148)
Worth, Mrs. C. Willard.....Milroy (46156)

Rushville
(*Zip Code* 46173)

Atkins, Mrs. C. C.....A-410 N. Perkins
Corpe, Mrs. Kenneth F.....R. R. 4
Ellis, Mrs. Davis W.....1102 Sugar Hill Dr.
Green, Mrs. Frank H.....516 N. Morgan
McKee, Mrs. Harry G.....1109 N. Arthur St.
McKee, Mrs. Harry.....R. R. 6
Norris, Mrs. Marvin.....1107 N. Main St.
Shanks, Mrs. Roy E.....1110 N. Morgan

ST. JOSEPH COUNTY

O'Malley, Mrs. Patrick.....17198 Linda St., Granger (46530)
Houser, Mrs. D. S.
24641 N. Riley Rd., North Liberty (46554)

Mishawaka
(*Zip Code* 46544)

Barone, Mrs. C. V.....59053 Bremen Highway
Bogan, Mrs. Wm. C.....15641 Robin Lane
Brechtl, Mrs. Harvey J.....54757 Merrifield
Chamberlain, Mrs. Donald S...54712 Merrifield Dr.
Cline, Mrs. Kenneth L.....58600 Summit Ridge
Custer, Mrs. Edward W.....427 White Oak Dr.
Gabriel, Mrs. Magdi.....16529 Baintree Way, Winding Brook
Ganser, Mrs. Richard A.....1020 Wilson Blvd.
Gerig, Mrs. E. Lavern.....713 W. 11th St.
Orr, Mrs. W. Robert.....12388 E. Jefferson Rd.
Pairitz, Mrs. Frank D.....59315 Clover Rd.
Phelps, Mrs. Stephen R.
15655 Winding Brook Dr.
Reed, Mrs. Robert.....903 Homewood
Roberts, Mrs. Billy J.....15605 Hearthstone Dr.
Rosenwasser, Mrs. Jacob.....834 Lincoln Way E.
Schaphorst, Mrs. Richard A...514 Lincoln Way E.
Spalding, Mrs. David L.....926 Wilson Blvd.
Spalding, Mrs. Wendell L.....60100 S. Fir Rd.
Stringer, Mrs. D. D.....1035 Lincoln Way E.
Templeton, Mrs. Ames R.....516 Clay
Tirman, Mrs. W. S.....15640 Winding Brook Dr.
Walters, Mrs. Charles E.....16166 Ireland Rd.
Whitlock, Mrs. Merle E.....2118 Linden
Wind, Mrs. Joseph.....54652 Winding Brook
Wurster, Mrs. H. C.....221 E. Third St.

South Bend
(*Zip Code* 466 *plus zone number*)

A

Acker, Mrs. Robert B...103 S. Ironwood Dr. (15)
Arisman, Mrs. R. K.....1651 N. Riverside Drive, Apt. E. (16)

B

Backs, Mrs. Alton J...1831 N. Kessler Blvd. (16)
Baran, Mrs. Charles..1808 E. Jefferson Blvd. (17)
Bartsch, Mrs. Harvey L..61397 S. Miami Rd. (14)
Beach, Mrs. Norman.....1617 Inwood Rd. (14)
Bechtold, Mrs. Samuel E.....313 Pendle St. (37)
Bell, Mrs. H. D.....1357 E. Champeau St. (17)
Bennett, Mrs. Jene R..1826 E. Jefferson Blvd. (17)
Berke, Mrs. Robert D..1420 E. Jefferson Blvd. (17)
Biasini, Mrs. Ben A.....19585 Glendale Rd. (37)
Bickel, Mrs. David A...1335 E. Wayne St. N. (15)
Birmingham, Mrs. P. J... 61490 Meadowlark Lane (14)
Bixler, Mrs. Louis C.....1817 Portage Ave. (16)
Bodnar, Mrs. Leslie M.....1843 Portage Ave. (16)
Booth, Mrs. F. M.....531 Edgewater Dr. (18)
Borough, Mrs. Lester D...816 Woodside Ave. (14)
Buchanan, Mrs. Wallace D. 1326 E. Wayne St., N. (15)
Buechner, Mrs. Fred W.
1111 Sunnymede Ave. (15)
Buslee, Mrs. Roger M...524 S. Twyckenham (15)
Butts, Mrs. Milton A.....744 N. Jacobs St. (17)

C

Cassady, Mrs. John R....2225 Riverside Dr. (16)
Cassady, Mrs. J. Vernal....2216 E. Madison (15)
Chamblee, Mrs. Roland W.....53287 Ironwood Rd. (35)
Clark, Mrs. Stanley A.
1242 E. Jefferson Blvd. (17)
Clark, Mrs. William H.....1227 Garland Rd. (14)
Colip, Mrs. George D.....260 David St. (37)
Cook, Mrs. Gordon C...1620 Southwood Ave. (15)
Cox, Mrs. Albert C.....17430 Darden Rd. (37)

D

Davis, Mrs. Edward A.....52820 Kenilworth Rd. (37)
Denham, Mrs. Robert H.....1515 E. Colfax Ave. (17)
Devetski, Mrs. Robert L..1325 E. Washington (17)
DeVoe, Mrs. K. R.....52978 Highland Dr. (35)
Dietl, Mrs. Ernest L...3318 Springbrook Dr. (14)
Dingley, Mrs. Albert, Jr.....1309 E. Wayne St. S. (15)
Dodd, Mrs. Robert D.....1510 Tudor Lane (14)
Dolezal, Mrs. Bernard J....425 W. North Shore Dr. (16)
Donnelly, Mrs. Everett F.
1631 Riverside Dr. (17)
Dunlap, Mrs. D. Logan....123 W. North Shore Dr. (17)

E

Eades, Mrs. R. Charles
1616 E. Jefferson Blvd. (17)
Edwards, Mrs. Bernard..1134 Ridgedale Rd. (14)
Egan, Mrs. Sherman L.....944 Riverside Dr. (16)
Engel, Mrs. Howard R..1845 Ridgewood Circle (17)
English, Mrs. J. Paul.3116 Robinhood Lane (14)
Erickson, Mrs. G. Walter....3012 Robinhood Lane (14)
Erickson, Mrs. Lester G....1212 E. Woodside (14)

F

Feferman, Mrs. Martin E..125 S. Esther St. (17)
Feldman, Mrs. Max.....1310 E. Fairview (14)
Filipek, Mrs. Walter J.....52710 Brooktrail Dr. (37)
Firestein, Mrs. Ben Z...125 W. Marion St. (01)
Firestein, Mrs. Ray....502 N. Ironwood Dr. (15)
Fish, Mrs. Edson C.....19054 Summers Dr. (37)
Foley, Mrs. Hansel.....1314 Leeper (17)
Forrest, Mrs. O. Norman..1138 E. Wayne St. (17)
Frank, Mrs. Herbert....2616 S. Twyckenham Dr. (14)
Frank, Mrs. L. L., Jr.....1750 N. Wilbur (28)
Frank, Mrs. L. L., Sr.
534 N. Lafayette Blvd. (01)
Frash, Mrs. Devon W.....18000 Inwood Rd. (14)
Friedman, Mrs. Morris S...1617 E. Jefferson Blvd. (17)

G

Ganser, Mrs. Ralph.....101 N. Conestoga (15)
Gates, Mrs. George E.....1611 South Brook Dr. (14)
Gilman, Mrs. Marcus M...1925 E. Jefferson Blvd. (17)
Graf, Mrs. John P.....53260 Placid Dr. (37)
Green, Mrs. G. Richard..1515 E. Wayne St. (15)
Green, Mrs. George F.....754 Country Club Lane (15)
Green, Mrs. Norval E..1726 E. LaSalle Ave. (17)

H

Haley, Mrs. George M.
1131 E. Jefferson Blvd. (17)
Hall, Mrs. James M...1718 E. Jefferson Blvd. (17)
Hamilton, Mrs. Charles O.
1418 E. Washington Ave. (17)
Harris, Mrs. C. Glenn....53175 Oakton Dr. (35)

Haugseth, Mrs. Ellsworth K...820 N. Ironwood Dr. (15)
Hawkins, Mrs. Glen E.....17280 Parker Ave. (35)
Helmer, Mrs. John..315 W. North Shore Dr. (17)
Hildebrand, Mrs. J. O.....3002 Robinhood Lane (14)
Hill, Mrs. Wallace C.....248 S. Hawthorne (17)
Holloway, Mrs. Richard J.....18799 Arapaho (37)
Holtzman, Mrs. Norman...1621 Hoover Ave. (15)
Horvath, Mrs. George A. 18825 Cherokee Lane (37)
Hyde, Mrs. Carroll C.....1521 E. Colfax Ave. (17)

J-K

Jankowski, Mrs. Ernest B...2230 Ribourde (28)
Kamm, Mrs. Bernard A..125 W. Marion St. (01)
Karn, Mrs. John W.....1535 Wall St. (15)
Kieffer, Mrs. William J...1113 E. Wayne St. (17)
Krizman, Mrs. David.....1226 Portage Ave. (14)
Krueger, Mrs. John E.....620 E. Peashway (17)
Kuhn, Mrs. Frederick L.....1725 Inwood Dr. (18)

L

Lamb, Mrs. Leonard.....302 S. Sunnyside (15)
Lane, Mrs. William.....1336 N. Stanfield (17)
Levatin, Mrs. Bernard I..1814 Churchill Dr. (17)
Lionberger, Mrs. John R. 1419 E. Jefferson Blvd. (17)
Liss, Mrs. Emanuel C.....1683 N. Riverside Dr., Apt. B (16)
Lockhart, Mrs. Philip B...1611 Wayne St. E. (15)

M

Macias, Mrs. Rafael..1330 E. Jefferson Blvd. (17)
MacDonell, Mrs. Eldred....17570 Juday Lake Dr. (35)
MacLeod, Mrs. John K.....930 Simon Court (15)
Macri, Mrs. Paul A.....2012 E. Cedar (17)
Magnuson, Mrs. Charles W. 1148 Ridgedale (14)
Mahank, Mrs. Camiel C. 747 Country Club Lane (15)
Marquis, Mrs. Gordon.....329 Wakewa (17)
Martin, Mrs. Charles....1438 Ridgedale Rd. (14)
Martinov, Mrs. William E.....1421 Wall St. (15)
Mason, Mrs. Bernard A.....2719 Marine St. (14)
Mauzy, Mrs. Merritt C.....1403 E. Jefferson (17)
McCraley, Mrs. William J.....1737 Belmont Ave. (15)
McQuade, Mrs. John....52361 Portage Hwy. (28)
Metcalfe, Mrs. Grant E. 101 S. Conestoga Lane (17)
Mott, Mrs. C. A.....2733 Lincoln Way West (28)
Mueller, Mrs. Hilbert M...3525 Windingwood Dr. (15)
Myers, Mrs. Philip R.....1147 Cleveland Ave. (16)

N-O

Neher, Mrs. John L.....17371 Cleveland Rd. (35)
Nelson, Mrs. Raymond E.....1909 E. Madison St. (17)
Nelson, Mrs. Robert.....104 S. Hawthorne (17)
Odrcic, Mrs. Kazimir J.....3301 Cabot Dr. (35)
Olson, Mrs. Donald T.....1806 Cedar St. (17)
Olson, Mrs. Kenneth L.....1228 E. Woodside Ave. (14)
Oren, Mrs. William.....1149 E. Belmont (15)

P

Parsons, Mrs. Robert....1464 Ridgedale Rd. (14)
Pascuzzi, Mrs. Chris A...1930 Dorwood Dr. (17)
Pauszek, Mrs. Thomas B...916 Riverside Dr. (16)
Petrass, Mrs. Andrew....22027 Liberty Highway (19)
Plain, Mrs. George.....17836 Ponader Dr. (35)
Plain, Mrs. George L.....1229 Ridgedale Rd. (14)
Pyle, Mrs. H. Dale....115 N. Sunnyside Ave. (17)

R

Rigaux, Mrs. Armand.....533 E. Angela Blvd.
Rosenheimer, Mrs. George M...1425 E. Woodside (14)
Rubens, Mrs. Eli.....1240 E. Irvington (14)

S

Sanderson, Mrs. Robert B...238 S. Hawthorne Dr. (17)
Sandock, Mrs. Louis F.....235 S. Esther St. (17)
Saucelo, Mrs. Bart M.....2254 Portage Ave. (28)
Schiller, Mrs. Herbert A...1813 E. Cedar St. (17)
Schlossberg, Mrs. V. E.....2719 Corby Blvd. (17)
Scott, Mrs. Frank M.....1220 E. Woodside (14)
Selby, Mrs. K. E.....1327 E. Wayne St. N. (15)
Sellers, Mrs. Francis....814 Oakridge Dr. (17)
Sensenich, Mrs. R. L.....128 S. Scott St. (25)
Sharp, Mrs. Merle C...17780 Waxwing Lane (35)
Shriber, Mrs. Wm. H.....17543 Juday Lake Dr. (35)
Shriner, Mrs. Richard....53362 Juniper Rd. (37)
Sisson, Mrs. Norvel D...1614 Oak Park Dr. (17)
Skillern, Mrs. Scott....1553 Southbrook Dr. (14)
Sobol, Mrs. Zbigniew.....19072 Summers Dr. (37)
Stiver, Mrs. Dan D.....1127 E. Wayne St. N. (15)
Stogdill, Mrs. William J.....520 N. Coquillard Dr. (17)
Stratigos, Mrs. Joseph S...527 N. Lafayette (01)
Sweeney, Mrs. Robert.....1203 Sunnymede (15)

T

Thompson, Mrs. John M..1618 E. Cedar St. (17)
Thornton, Mrs. M. J.....125 W. Marion St. (01)
Troeger, Mrs. Thomas....17510 Brandel Dr. (35)
Troyer, Mrs. Marlin.....17700 Ireland Rd. (14)

V-W-Z

Van Fleit, Mrs. W. E.....1617 E. Cedar St. (17)
Weiss, Mrs. Eugene 1605 E. Washington Ave. (17)
White, Mrs. Donald G.....60857 Miami Rd. (14)
Wilson, Mrs. James M.....1507 E. Wayne (15)
Zeiger, Mrs. Irvin L.....P.O. Box 2574

SHELBY COUNTY

Richard, Mrs. Norman.....R. R. 5, Box 32, Crooked Lake, Angola (46703)
Davis, Mrs. John A.....Flat Rock (47234)

Shelbyville

(*Zip Code* 46176)

Arata, Mrs. Lucian A.....327 W. Broadway
Dalton, Mrs. Wilson L.....1712 Culbertson Rd.
Deupree, Mrs. William D.....50 W. Mechanic St.
Gehres, Mrs. Robert W.....610 Shelby St.
Green, Mrs. William.....R. R. 2, Morristown Rd.
Inlow, Mrs. Paul M.....53 W. Washington St.
Inlow, Mrs. Robert.....424 Lockerbie
Inlow, Mrs. W. D.....Spring Hill Rd.
McFadden, Miss Marian.....28 W. Mechanic St.
Miller, Mrs. Richard C.....17 W. Mechanic
Moheban, Mrs. Joseph.....Spring Hill Rd.
Phares, Miss Frances.....408 S. Harrison
Scott, Mrs. V. Brown.....R. R. 2, N. Riley Hwy.
Silbert, Mrs. David B.....1100 Fairfield Dr.
Spindler, Mrs. Robert D.....165 W. Mechanic St.
Tindall, Mrs. William R.....616 S. Harrison
Tower, Mrs. James H., Jr...239 W. Washington St.
Whitcomb, Mrs. Roger F.....218 W. Broadway

TIPPECANOE COUNTY

Lafayette

(*Zip Code* 479 *plus zone number*).

Alstott, Mrs. David.....R. R. 7, Box 24 (05)
Babb, Mrs. Forrest J.....2106 S. Ninth St. (05)
Bayley, Mrs. R. D.....2618 Elmwood Ave. (04)
Bayley, Mrs. Wm. E.....303 S. 9th St. (01)

Bridge, Mrs. Barton C.....22 Thise Court (05)
Buhrmester, Mrs. Harry C...Freiberger Lane (05)
Cartwright, Mrs. G. W.....3532 Mulberry (05)
Davis, Mrs. Grayson B.....1242 Meadowbrook Dr. (05)
Deur, Mrs. Julius.....606 N. 28th (04)
DuBois, Mrs. Ramon B...519 Calvert Lane (05)
Engeler, Mrs. James E.....21 Lori Lee Dr. (05)
Frey, Mrs. Harley H., Jr...505 Calvert Lane (05)
Fritch, Mrs. John M.....915 Pontiac (05)
Harvey, Mrs. Bennett B...2908 Beverly Lane (04)
Hebard, Mrs. H. G.....1219 Meadow Brook Dr. (01)
Horswell, Mrs. Richard R.....3924 Rome Dr. (05)
Johnson, Mrs. Herbert S.....712 Cherokee (05)
Karberg, Mrs. Richard J.....1212 El Prado (05)
Klepinger, Mrs. Harry E.....909 N. 21st St. (04)
Kohne, Mrs. Robert W.....3504 Cedar Lane (04)
Lempke, Mrs. Lloyd W.....29 Stayman Ct. (05)
McAdams, Mrs. Hugh B...2110 Birch Lane (05)
McPherson, Mrs. Richard C.....30 Thise Court (05)
Marsh, Mrs. George W.....1216 Howell St. (04)
Miller, Mrs. Wm. J.....58 Thise Court (05)
Neumann, Mrs. Kenneth O..1410 S. 18th St. (05)
Ralston, Mrs. Marc A.....2121 Sunrise (04)
Randall, Mrs. Thomas A.....40 Redwood Ct. (04)
Ratcliff, Mrs. Frank W.....1000 Wea Ave. (05)
Ruschli, Mrs. E. B.....604 Kossuth
Scheeres, Mrs. Jacob W.....516 S. 7th St. (01)
Sholty, Mrs. William M..Shadeland Farm Rd. (04)
Smith, Mrs. Lowell C.....615 Lingle (01)
Stolz, Mrs. Thomas.....R. R. 1, (06)
Tillema, Mrs. David A....2124 Sun Rise Ave. (04)
Trout, Mrs. Carl J.....800 State St. (01)
Underwood, Mrs. George M.....2540 Lafayette Dr. (05)
Vermilya, Mrs. Robert W.....R. R. 5, Cedar Bluff Rd. (01)

West Lafayette

(*Zip Code* 47906)

Baker, Mrs. John R.....2321 Carmel Dr.
Beuerman, Mrs. Virgil A.....509 Emily St.
Bolin, Mrs. Robert C.....908 Windsor Dr.
Brady, Mrs. Kingdon.....612 Terry Lane
Bush, Mrs. Jack A.....180 Creighton Rd.
Carpenter, Mrs. Robert S.....492 Littleton St.
Davis, Mrs. Howard B.....833 Hillcrest Rd.
Elliott, Mrs. Paul W.....332 Park Lane
Fields, Mrs. Don C.....1321 N. Grant
Foster, Mrs. John.....105 Knox Dr.
Gripe, Mrs. Richard P...2179 Tecumseh Park Lane
Hannemann, Mrs. Robert E.....812 Avondale
Heid, Mrs. George J.....515 Park Ridge Dr.
Hughes, Mrs. Anson.....1712 Sheridan
Hughes, Mrs. Richard R.....908 Carrollton Blvd.
Hunter, Mrs. Dean M.....2828 Barlow St.
Keplinger, Mrs. James.....2217 Carberry
Klatch, Mrs. Ben Z.....1415 Woodland Dr.
Kuipers, Mrs. Fred M., Jr.....225 Sacramento
Lind, Mrs. Jaap Jan.....902 Rose Lane
McFadden, Mrs. James M.....1424 N. Salisbury
McKinney, Mrs. Donald L.....Twin Oaks, R. R. 9
Marvel, Mrs. Howard R.....136 Arrowhead Dr.
Mather, Mrs. Charles R.....1815 Ravina Rd.
Mather, Mrs. Robert L.....321 Leslie Ave.
Mentzer, Mrs. William.....714 North Ridge
Mount, Mrs. William M.....217 Pawnee Dr.
Patterson, Mrs. Richard.....237 Myrtle Dr.
Peyton, Mrs. Frank W.....612 Ridgewood
Ramsey, Mrs. George F.....201 Lindburg Rd.
Raymond, Mrs. James R.....2736 Henderson Ave.
Riggs, Mrs. W. A.....507 Sharon Rd.
Sherman, Mrs. David E.....133 Tamiami Trail
Shively, Mrs. John L.....205 Lindberg Ave.
Spurlock, Mrs. F. H.....1625 Western Dr
Stahl, Mrs. Edward T.....324 Park Lane
Stuntz, Mrs. Edgar C.....148 Creighton Rd.
Trout, Mrs. David J.....101 Myrtle Dr.
Van Den Bosch, Mrs. Wallace R...715 Princess Dr.
Wagner, Mrs. Lindley H.....1834 Summit Dr.
Waits, Mrs. Chester L.....622 Rose St.
Weller, Mrs. Wendell A.....153 Pathway Lane

Weller, Mrs. Ralph.....Box 38, Rossville (46065)

VANDERBURGH COUNTY

Evansville

(*Zip Code* 477 *plus zone number*).

A

Acre, Mrs. Robert R.....665 St. Mary's Dr. (15)
Adler, Mrs. Ray N.....1660 Lincoln Ave. (14)
Adye, Mr. Wallace M.....320 Inwood Dr. (11)
Alexander, Mrs. John E. 2895 Washington Ave. (14)
Allen, Mrs. William.....8203 Newburgh Rd. (15)
Anderson, Mrs. Milton H. 800 S. Plaza Dr. (15)
Antes, Mrs. Earl H...1201 Bonnie View Dr. (15)
Arendell, Mrs. Robert E...700 Helfrich Lane (12)
Austin, Mrs. Eugene W.....721 Colony Rd. (15)

B

Baker, Mrs. Mason R.....823 S. Hebron (15)
Baker, Mrs. Sam B.....217 Montclair Court (15)
Barnhart, Mrs. Willard T...507 S. Boeke Rd. (14)
Beck, Mrs. Robert E.....6000 Newburgh Rd. (15)
Becker, Mrs. Jerry....7010 Arcadian Hyw. (15)
Beisel, Mrs. Larry H...450 S. Audubon Dr. (15)
Bender, Mrs. Martin J..2416 Bayard Park Dr. (14)
Bendush, Mrs. Cecil L.....699 Blue Ridge Rd. (15)
Bennett, Mrs. Abner P...961 Blue Ridge Rd. (15)
Bissonnette, Mrs. Roger P...911 Colony Rd. (15)
Bloss, Mrs. Bryant A.....4131 Lincoln Ave. (15)
Boone, Mrs. Robert D....417 S. Alvord Blvd. (14)
Brakel, Mrs. Frank, Jr.....1429 Oriole Dr. (15)
Britt, Mrs. Robert L...6317 Newburgh Rd. (15)
Brockmole, Mrs. Arnold W. 5901 New Harmony Rd. (12)
Brown, Mrs. Robert L.....1776 S. Norman (14)
Bryan, Mrs. Stanton L..3211 E. Mulberry St. (15)
Buehner, Mrs. Donald F.....1200 Bonnie View Dr. (15)
Burger, Mrs. Thomas C.....3915 Washington Ave. (15)
Burnikel, Mrs. Ray H.....960 S. Rotherwood Ave. (14)
Burress, Mrs. Clyde.....10100 Old St. Rd. (11)

C

Carlson, Mrs. Ralph F..1350 Bayard Park Dr. (14)
Clark, Mrs. Thomas W...820 S. Meadow Rd. (15)
Clouse, Mrs. Paul A.....5801 Newburgh Rd. (15)
Coleman, Mrs. Joseph E...2831 Wayside Dr. (11)
Colvin, Mrs. Robert.....2048 Polaris (15)
Combs, Mrs. Herman....Middle Mt. Vernon Rd. R. R. 1, Box 245 (12)
Cooper, Mrs. Waller W.....4410 Oak St. (15)
Corcoran, Mrs. P. J. V.....2412 E. Chandler Ave. (14)
Cox, Mrs. J. Bruce.....7116 E. Chestnut (15)
Crawford, Mrs. James 631 Blue Ridge Dr. W. (15)
Crevello, Mrs. Albert J.....807 S. Burkhardt Rd. (15)
Cullnane, Mrs. Chris W.....3020 Mt. Vernon Ave. (12)

D

Davidson, Mrs. Harold H..800 Blue Ridge Rd. (15)
Davis, Mrs. Kenneth.....900 S. Burkhart (15)
Denzer, Mrs. Edward K.....540 Scenic Dr. (15)
Denzer, Mrs. William O....2329 E. Chandler (14)

Dieckman, Mrs. Herbert S.
10 Johnson Place (14)
Dodd, Mrs. R. K.....1705 S. New Green River Rd. (15)
Durkee, Mrs. Melvin S.....615 Trinity Dr. (15)
Dycus, Mrs. Walter A.....3400 Koring Rd. (12)
Dyer, Mrs. Wallace K...812 St. James Blvd. (14)

E

Ebin, Mrs. J. L.....8500 Whetstone (11)
Engel, Mrs. Edgar L.....1411 E. Park Dr. (14)

F

Faith, Mrs. Ira L.....950 Blue Ridge Rd. (15)
Faul, Mrs. Henry J.....725 S. Willow Rd. (14)
Faw, Mrs. Melvin L.....2400 E. Chandler (14)
Fenneman, Mrs. Robert J.
Box 145, R. R. 8, Old St. Rd. (11)
Fitzsimmons, Mrs. Elvin L..500 S. Boeke Rd. (14)
Fitzsimmons, Mrs. Sam.....901 S. Boeke (14)

G

Garland, Mrs. Edgar A.....719 Plaza Dr. (15)
Gaul, Mrs. L. Edward.....18 Johnson Pl. (14)
Geller, Mrs. Samuel.....R. R. 8, Box 143-A (11)
Getty, Mrs. William H..1810 Mt. Auburn Rd. (12)
Giorgio, Mrs. Douglas J.....916 S. Burkhardt Rd. (15)
Gourieux, Mrs. E. DeVerre
7500 Taylor Ave. (15)
Griep, Mrs. Arthur H...5414 Madison Ave. (15)
Grimm, Mrs. William C.....8712 Whetstone (11)
Guckien, Mrs. Joseph.....2301 E. Powell (14)

H

Hachmeister, Mrs. Charles W.
5050 Lincoln Ave. (15)
Hammond, Mrs. R. Case
6820 Arcadian Hwy. (15)
Hare, Mrs. Daniel M.....5029 Lincoln Ave. (15)
Hargett, Mrs. Isaac....8006 Heather Court (14)
Harned, Mrs. Ben King, Jr.....6301 Lincoln Ave. (15)
Harris, Mrs. Robert L.....870 S. Boeke Rd. (14)
Hart, Mrs. L. Paul.....622 Trinity Dr. (15)
Hartley, Mrs. Clarence A., Jr.....300 Hesmer Rd. (11)
Hassel, Mrs. Walter.....3712 Herndon Dr. (11)
Healy, Mrs. Cornelius E.
430 Kings Valley Rd. (11)
Healy, Mrs. William.....3915 Bellemeade (15)
Heimburger, Mrs. Irvin L.
7700 Newburgh Rd. (15)
Heinrich, Mrs. Weston A..1408 Lincoln Ave. (14)
Hendershot, Mrs. Eugene L...7006 Newburgh Rd. (15)
Hermayer, Mrs. Stephen....1316 Bonnie View Dr. (15)
Herrmann, Mrs. Gordon T..218 S. Spring St. (14)
Herzer, Mrs. Clarence C.....211 E. Mill Rd. (11)
Heumann, Mrs. John E.....1515 Audubon Ct. (15)
Himebaugh, Mrs. Gilbert J.....408 S. Alvord Blvd. (14)
Hobgood, Mrs. James L...7527 Taylor Circle (15)
Hoover, Mrs. J. Guy
8701 Old Petersburgh Rd. (11)
Huggins, Mrs. Victor S...520 S. Alvord Blvd. (14)
Hyatt, Mrs. Gilbert T.....1127 Lincoln Ave. (15)

J-K

Johnson, Mrs. Harold V..1303 Masker Pk. Dr. (12)
Johnson, Mrs. Stephen L.
2215 Lincoln Ave. (14)
Kelley, Mrs. John B.....1420 Lark Dr. (15)
Kessler, Mrs. Robert..1200 Harrelton Court (15)
Kiechle, Mrs. Fred L.....726 S. E. First St. (13)
KinKaid, Mrs. Robert....7117 E. Cherry St. (15)
Krueger, Mrs. Tom P...1517 Glen Moor Rd. (15)

L

Lashley, Mrs. Donald.....1406 Martin Lane (15)
Laubscher, Mrs. Clarence A.
1201 Laubscher Rd. (10)
Lawler, Mrs. John.....520 S. Roosevelt (14)
Lawrence, Mrs. Joseph C.
1362 E. Chandler Ave. (14)
Liebundguth, Mrs. Henry..5206 Lincoln Ave. (15)
Lessure, Mrs. Alfred P...400 S. Audubon Dr. (5)
Logan, Mrs. Jesse R.....503 First Ave. (10)
Longstaff, Mrs. John....830 Canterbury Dr. (15)

M

MacKenzie, Mrs. Pierce....2300 E. Gum St. (14)
McCool, Mrs. Joe H.....1 Woodmere Lane (11)
McDonald, Mrs. Joseph D..4300 Lincoln Ave. (15)
Marvel, Mrs. James A.....312 Royal Ave. (15)
Mathews, Mrs. James R....901 Meadow Rd. (15)
Miller, Mrs. LaVerne B.....501 Scenic Dr. (15)
Miller, Mrs. Marshall.....8503 Larch Lane (10)
Miller, Mrs. Milton J.....8201 Newburgh Rd. (15)
Mills, Mrs. Fred E.....555 S. Kelsey Ave. (14)
Mino, Mrs. Robert A.....2808 N. Shore Dr. (11)
Mullican, Mrs. Wm.....855 S. St. James (14)

N

Newnum, Mrs. Raymond L....545 Oriole Dr. (15)
Newton, Mrs. Roger.....1400 Lark Dr. (15)
Nicholson, Mrs. Raymond W.
1467 Southfield Rd. (15)
Nonte, Mrs. Leo R.....714 S. Willow Rd. (14)

O

Oswald, Mrs. Robert H.....2423 Lincoln Ave. (14)
Ozsezen, Mrs. Bulent.....441 Tyler (15)

P

Pastor, Mrs. Julius W..5901 Washington Ave. (15)
Pavlick, Mrs. Theodore J.
4212 Jennings Lane (12)
Pemberton, Mrs. Jack J.
6300 Falstead Rd. (12)
Porro, Mrs. Francis W.....909 S. Villa Dr. (14)
Present, Mrs. Julian D.....201 S. Parker Dr. (14)

R

Ratcliff, Mrs. Forest..506 S. St. James Blvd. (14)
Ratcliffe, Mrs. Albert W.
510 S. E. First St. (13)
Reich, Mrs. Clarence E.
1209 N. Fulton Ave. (10)
Richey, Mrs. Clifford O.
407 Congress Ave. (15)
Rietman, Mrs. H. Jerome..2325 Lincoln Ave. (14)
Ritchie, Mrs. William D.
5201 Stringtown Rd. (11)
Ritz, Mrs. Albert S.....765 S. Boeke Rd. (14)
Robertson, Mrs. James....7209 E. Walnut St. (15)
Rosenblatt, Mrs. Bernard B.
626 St. James Blvd. (14)
Royster, Mrs. Robert A.....34 Johnson Place (14)
Rudolph, Mrs. Kenneth.....742 Plaza Dr. (15)
Russell, Mrs. Richard H...1015 Harrelton Ct. (15)

S

Schimmelpfennig, Mrs. Robert W.
3014 Washington Ave. (14)
Schirmer, Mrs. Robert H.....4300 Kasson (12)
Schneider, Mrs. Charles P.
2924 W. Maryland St. (12)
Sheehan, Mrs. E. Gregg.....934 York Rd. (15)
Shively, Mrs. Wyant J....950 Hillsdale Rd. (11)
Siegel, Mrs. Lyle.....500 Oriole Dr. (15)
Sims, Mrs. Larry W.....1401 Greenfield Rd. (15)
Sinn, Mrs. Charles M.....29 Johnson Pl. (14)
Slaughter, Mrs. Howard C.
651 St. Mary's Dr. (15)
Slaughter, Mrs. John C...622 College Hwy. (14)
Smith, Mrs. Roy M.....417 Senate (11)
Spain, Mrs. Thomas....801 S. E. Third St. (13)
Speer, Mrs. David.....509 Wilson Sq. (15)
Sprecher, Mrs. Herman C.
6601 Newburgh Rd. (15)

Springstun, Mrs. W. Russel..854 Lodge Ave. (14)
Stallings, Mrs. Hugh A..7601 Newburgh Rd. (15)
Stewart, Mrs. L. Ray....852 S. Alvord Blvd. (14)
Strueh, Mrs. Paul E.....1207 Harrelton Ct. (15)
Swan, Mrs. Robert E.....540 Oriole Dr. (15)

T

Tuholski, Mrs. James M.
6213 Newburgh Rd. (15)
Tweedall, Mrs. Daniel C...900 S. Meadow Rd. (15)
Ulrey, Mrs. Robert P.....130 E. Mill Rd. (11)

V-W

Venables, Mrs. A. J.....420 Runnymeade (14)
Vincent, Mrs. William.....7300 E. Powell (15)
Visher, Mrs. John W.
510 E. Mt. Pleasant Rd. (11)
VonderHaar, Mrs. Thomas E.
901 S. Burkhardt Rd. (15)
Wait, Mrs. Raymond B.....508 Martins Lane (15)
Walker, Mrs. William F...1220 Cullen Ave. (15)
Walter, Mrs. Robert F.
1514 S. Kentucky Ave. (14)
Warner, Mrs. Charles L.
4120 Bellemeade Ave. (15)
Weiss, Mrs. H. G.....1014 E. Powell Ave. (14)
Welborn, Mrs. Mell B...1832 Mt. Auburn Rd. (12)
Wilhelmus, Mrs. C. Kenneth
6929 Newburgh Rd. (15)
Wilhelmus, Mrs. Gilbert M.
5901 Newburgh Rd. (15)
Willison, Mrs. George W..605 St. Mary's Dr. (15)
Wilson, Mrs. David.....615 Willow Rd. (14)
Wilson, Mrs. John D.....921 Colony Rd. (15)
Wynn, Mrs. Justice F...651 S. Weinbach Ave. (14)

Y-Z

Young, Mrs. C. Curtis, Jr...2327 Lincoln Ave. (14)
Zunker, Mrs. Heinz.....829 S. Hebron (15)

Stover, Mrs. Wendell C.
20 Lake Shore Drive, Boonville (47601)
Crist, Mrs. John R.....320 Emmick, Mt. Vernon (47620)
Hirsch, Mrs. H. L...801 Williams Dr., Mt. Vernon (47620)
Vogel, Mrs. John L...530 E. Fifth St., Mt. Vernon (47620)
Rusche, Mrs. Henry J.....1041 State St., Newburgh (47630)
Rusche, Mrs. Thomas.....R. R. #2, Sharon Rd., Newburgh (47630)
Williams, Mrs. Jack.....R. 1, Box 415, Newburgh (47630)
Woodward, Mrs. Ben E.
#6 Orchard Lane, R. R. 1, Newburgh (47630)
Zwickel, Mrs. R. E.....Darby Hills, Newburgh (47630)
Ropp, Mrs. Harold E...Church St., New Harmony (47631)
Smith, Mrs. Gordon L.....R. R. 2, New Harmony (47631)
Boyle, Mrs. Carroll....R. R. 2, Wadesville (47638)

VIGO COUNTY

Terre Haute

(Zip Code 478 plus zone number)

A

Anderson, Mrs. W. C.....380 S. 22nd St. (03)

B

Bannon, Mrs. Wm. G.....2126 Ohio Blvd. (03)
Bloxdorf, Mrs. John W...203 Madison Blvd. (03)
Blum, Mrs. Leon L.....3200 Ohio Blvd. (03)
Bopp, Mrs. Henry W., Jr...73 Allendale Pl. (02)
Bopp, Mrs. Henry W., Sr...132 Barton Ave. (03)
Bopp, Mrs. James.....330 Hamilton Dr. (02)
Boyd, Mrs. H. Clark.....56 Long Ridge Rd. (02)
Bristol, Mrs. H. M. S.....2326 Tippecanoe (03)
Brown, Mrs. Robert R...2544 N. Ninth St. (02)

C-D

CaJacob, Mrs. Melville E...1000 S. Sixth St. (07)
Caldwell, Mrs. M. V.....6151 Clinton Road (05)
Carpenter, Mrs. Donald J...6879 Carlisle Rd. (38)
Chau, Mrs. Andrew Y. S.....9 Monroe Blvd. (03)
Connerley, Mrs. Marion L...2824 Ohio Blvd. (03)
Conway, Mrs. Thomas J.....207 Barton Ave. (03)
Cristee, Mrs. James W.....1530 S. 6th St. (02)
Crockett, Mrs. Wayne A.....3601 Ohio Blvd. (03)
Davis, Mrs. Paul E.....1910 Boston (05)
Dierdorf, Mrs. Fred.....103 S. 23rd St. (03)
Dunn, Mrs. Latimer.....2500 N. Ninth (04)
Dyer, Mrs. G. Wallace.....2710 Wilson Dr. (03)

E-F

Freed, Mrs. John E., Jr...2425 N. Eighth St. (04)
Freed, Mrs. John E., Sr.....2408 N. 10th St. (04)

G

Gerrish, Mrs. Don A.....5206 Clinton Rd. (05)
Gilbert, Mrs. Ivan.....2641 Crawford St. (03)
Goodman, Mrs. Hubert T.
220 Gardendale Rd. (03)
Gossom, Mrs. Donn R.....1904 Ohio Blvd. (03)

H

Haslem, Mrs. John R.
1700 S. Fruitridge Ave. (03)
Hogan, Mrs. Thomas W.....3505 Ohio Blvd. (03)
Humphrey, Mrs. Paul E...2631 N. Ninth St. (04)

J-K

Johnson, Mrs. Edward..313 Terre Vista Dr. (03)
Johnson, Mrs. Paul D., Jr.....62 AllenDale (02)
Kabel, Mrs. Robert N.....2201 Ohio Blvd. (03)
Kunkler, Mrs. Arnold W...147 Monterey Ave. (03)
Kunkler, Mrs. William C...1119 S. Center St. (07)

L

LaBier, Mrs. C. Russell....R. R. 5, Box 405 (01)
Lancet, Mrs. Robert O.....20 Nitche Dr. (03)
Lee, Mrs. James C.....12 32nd St. Ct. (03)
Lenyo, Mrs. Ludimere...700 Delaware Ave. (04)
Lowenstein, Mrs. W. L.....1909 Ohio Blvd. (03)
Lyons, Mrs. L. Mason.....123 S. 21st St. (03)

M

McBride, Mrs. Noel S.....67 Allendale Pl. (02)
McCrea, Mrs. Fred R.....2517 N. Eighth St. (04)
McEwen, Mrs. James W.....107 Wren Dr. (03)
McLaughlin, Mrs. Gorden...R. R. 3, Box 128 (02)
Malone, Mrs. L. A.....2511 N. Ninth St. (04)
Mankin, Mrs. William....175 Lakeview Dr. (03)
Mason, Mrs. Lester M.....66 Allendale Pl. (02)
Mattox, Mrs. Don M.....240 Hamilton Dr. (03)
Mattox, Mrs. Ernest.....240 Hamilton Dr. (03)
Meissel, Mrs. Robert L.....154 Hamilton Dr. (03)
Miklozek, Mrs. J. E.....2204 Ohio Blvd. (03)
Mitchell, Mrs. A. M.....333 S. 22nd St. (08)
Mitchell, Mrs. John R.....2421 Ohio Blvd. (03)
Musselman, Mrs. Glen..7222 Wabash Ave. (03)

N-O-P

Nay, Mrs. Ernest O.....29 S. 20th St. (03)
Neudorff, Mrs. Louis G.....213 Barton Ave. (03)
Nuval, Mrs. Augusto T.....65 Heritage Dr. (03)
Oliphant, Mrs. Robert W.....8 31st St. Ct. (03)
Pearce, Mrs. Roy V.....269 S. 26th St. Dr. (03)
Peterson, Mrs. D. D.....74 Doe Dr. (04)

R

Reed, Mrs. Robert C.....205 Lakeview Dr. (03)
Reynolds, Mrs. Richard J...72 Allendale Pl. (02)
Richart, Mrs. James V.....336 Hamilton Dr. (03)
Rosene, Mrs. Harold A.....4951 Dixie Bee Rd., Apt. 29 (02)
Rourke, Mrs. Robert F.....R. R. 25, Box 460 (03)
Rubin, Mrs. Milton M.....2401 Ohio Blvd. (03)

S

Sayers, Mrs. Frank E.....436 Bluebird Dr. (03)
Sherb, Mrs. Burton E...211 Gardendale Rd. (03)
Schott, Mrs. Edward J.....653 Oak St. (07)
Schumaker, Mrs. Robert A.
3498 Margaret Ave. (02)
Scully, Mrs. William E.....2649 Oak St. (03)
Showalter, Mrs. John R., Jr.
2511 N. Eighth St. (04)
Siebenmorgen, Mrs. Paul 2515 N. Seventh St. (07)
Silverman, Mrs. Norman M.
1142 S. Center St. (02)
Sison, Mrs. Vicente G.....5656 Heritage Dr. (03)
Speas, Mrs. Robert C.....R. R. 5, Box 249 (05)
Stoelting, Mrs. J. Lewis..1919 N. Seventh St. (07)
Strecker, Mrs. William L...88 Allendale Pl. (02)
Sullivan, Mrs. John M.....2242 College Ave. (03)

T-V

Topping, Mrs. Malachi C...75 Gardendale Rd. (03)
Vance, Mrs. William C...4951 Dixie Bee Rd. (02)
Veach, Mrs. William L.....97 Allendale Pl. (02)

W-Z

Weber, Mrs. Joseph.....2121 N. 11th St. (04)
West, Mrs. Roger F.....86 Potomac (03)
Wheeler, Mrs. Byron.....31 Ferndale Dr. (03)
White, Mrs. James V.....R. R. 1, Box 271 (01)
Wiedmann, Mrs. Frank E.....Box 572 (02)
Wilson, Mrs. Fred L.....1124 S. Center St. (02)
Win, Mrs. Tun.....1305 Royce Ave. (02)
Yates, Mrs. Donald L.....100 Berkley Dr. (03)
Zwerner, Mrs. Paul F...2510 N. Eighth St. (04)
Keefer, Mrs. Harry....R. R. 3, West Terre Haute (47885)

WAYNE-UNION COUNTIES

Hill, Mrs. Paul G...5 N. Foote St., Cambridge City (47327)
Kenyon, Mrs. Emil..303 Mulberry, Cambridge City (47327)
Barton, Mrs. Willoughby M.
200 N. Morton, Centerville (47330)
Shepard, Mrs. Fred F.....College Corner, Ohio (45003)
Hutchison, Mrs. Donald R...Fountain City (47341)
McWilliams, Mrs. William B.....R. R. 4, Liberty (47353)

Richmond

(*Zip Code* 47374)

Adney, Mrs. Frank.....214 S. E. Parkway
Ake, Mrs. Loren.....220 S. 18th St.
Allen, Mrs. Robert T.....212 S. 21st St.
Anderson, Mrs. Robert C...Richmond State Hosp.
Banez, Mrs. Ramon V.....1908 Valley Dr.
Blossom, Mrs. Paul W.....620 S.W. 21st St.
Cabigas, Mrs. Jose S.....2209 Oak Park Dr.
Clarkson, Mrs. C. G.....2331 Locust Lane
Coble, Mrs. Frank H.....R. R. 3, Box 38
Curiel, Mrs. Hector J.....2707 S. "G" St.
Daggy, Mrs. James R.....47 S. 24th St.
Deanovic, Mrs. Frank W.....3012 Park Ave.
Dehner, Mrs. John R.....212 S. 22nd St.
Dingle, Mrs. Paul E.....206 S. 32nd St.
Dreyer, Mrs. Ralph W.....4111 Backmeyer Rd.
Ebbinghouse, Mrs. Tom.....13 Parkway Lane
Gibson, Mrs. Alois E.....209 S. 16th St.
Guthrie, Mrs. James R.....3112 S. E. Parkway
Harmon, Mrs. Carl J.....6 Keystone, Apt. 6
Hibner, Mrs. Dan W.....50 S. 24th St.
Isaacs, Mrs. Sidney.....2200 S. 23rd St.
Johnson, Mrs. George M.....115 S. 23rd St.
Lee, Mrs. Glen Ward.....Greenmount Pike
Lewis, Mrs. James.....320 Greenbrier Dr.
Ling, Mrs. John F.....6 Parkway Lane
Loomis, Mrs. Charles H.....Garwood Rd.
McIlroy, Mrs. Richard J.....Richmond State Hosp.
Mader, Mrs. John H.....1528 Chester Blvd.
Meredith, Mrs. Elwood J.....205 S. 19th St.
Miller, Mrs. Harold L.....560 Tingler Rd.
Millis, Mrs. Arthur B.....2301 S. "A" St.
Paraiso, Mrs. Antonio Q.....241 S. 31st St.
Park, Mrs. Byron J.....220 S. 24th St.
Plasterer, Mrs. Edward D.....212 S. 16th St.
Ramsdell, Mrs. Glen A.....501 Henley Rd. S.
Schmitt, Mrs. Robert W.....25 Circle Dr.
Sherer, Mrs. Kenneth E.....4 Parkway Lane
Shields, Mrs. Tom S.....2203 S. "E" St.
Short, Mrs. John A.....4284 S. C. Court
Snyder, Mrs. Morris C.....3201 Toddsbury Lane
Spellmeyer, Mrs. John C.....3010 Park Woods Dr.
Stepleton, Mrs. John D.....4220 Bockmeyer Rd.
Stilwell, Mrs. William R.....2607 S. "C" Pl.
Sweet, Mrs. Howard E.....Garwood Rd.
Warren, Mrs. Robert J.....1624 Reeveston Rd.
Warrick, Mrs. Francis B.....2106 South "B" St.
Weitemier, Mrs. Raymond A.....25 S. 25th St.
Wertenberger, Mrs. Morris..779 Greenmount Pike
Wiland, Mrs. Olin K.....4375 S. "C" St.
Woodman, Mrs. Kenneth.....4412 S. "B" St.
Wynegar, Mrs. David E.....Richmond State Hosp.
Zore, Mrs. Joseph J.....14 Parkway Lane

WELLS COUNTY

Bluffton

(*Zip Code* 46714)

Boonstra, Mrs. Charles E.
1110 Highland Pk. Circle
Bradley, Mrs. Louis F.
Country Club Addition, R. R. 4
Caylor, Mrs. Charles H.....1220 Sycamore Lane
Caylor, Mrs. Truman E.....920 River Rd.
Collins, Mrs. Jack T.....R. R. 3
Cook, Mrs. Robert G.....1225 Summit Ave.
Dorrance, Mrs. Thomas O.....302 Northwood Dr.
Eisaman, Mrs. Jack L.....1011 Riverview Dr.
Huebner, Mrs. Gilbert.....1120 River Rd.
Huffman, Mrs. Galen....Box 27, River Road East
Jackson, Mrs. Charles E.....1012 Riverview Dr.
Jaurnig, Mrs. Russell R.
% Caylor-Nickel Clinic, 303 S. Main St.
Johnston, Mrs. Robert L.....811 S. Morgan
Kephart, Mrs. S. Bruce.....P. O. Box 12
Lohmuller, Mrs. Herbert.....512 W. Market St.
McCaslin, Mrs. Charles.....717 Riverview Dr.
Matzen, Mrs. Richard N.....R.R. 3
Mayock, Mrs. Peter P.....1100 River Rd.
Meier, Mrs. Donald W.....1205 Summit Ave.
Mudrony, Mrs. Jeno.....R. R. 4
Panos, Mrs. Constantine G.....Elm Grove Road
Phillips, Mrs. John F.....411 W. Washington
Pietz, Mrs. David G.....R. R. 3
Pitts, Mrs. Neal C.....127 E. Cherry St.
Rusher, Mrs. Merrill W.....920 Ranch Rd.
Shaw, Mrs. Glenn R.....926 Riverview Dr.
Steckbeck, Mrs. Robert L.....1110 Summit Ave.
Strehler, Mrs. Donald A.....R. R. 4
Symon, Mrs. William E.....632 S. Main St.
Talbert, Mrs. Pierre C.....508 W. Cherry St.
Yoder, Mrs. Richard P.....931 S. Wayne St.

WHITE COUNTY

Derhammer, Mrs. George L.....Brookston (47923)

Monticello

(*Zip Code* 47960)

Bougher, Mrs. Gerald R.....Orchard Lane
Dickerson, Mrs. W. Martin....218 E. Market St.

Fields, Mrs. Max L.....R. R. 3
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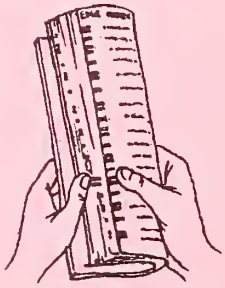

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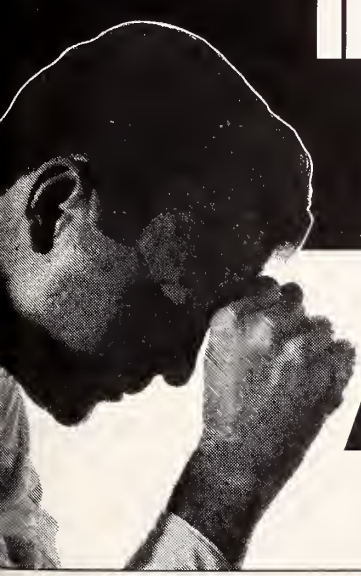

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References: 1. Monteseno, P., and Evangelista, I. Methyltestosterone-thyroid treatment of sexual impotence. Clin Med 12:69, 1966. 2. Dublin, M. F. Treatment of impotence with methyltestosterone-thyroid compound. West Med 5:67, 1964. 3. Titoff, A. S. Methyltestosterone-thyroid in treating impotence. Gen Prac 25:6, 1962. 4. Hellman, L., Bradlow, H. L., Zumoff, B., Fukushima, D. K., and Gallagher, T. F. Thyroid-androgen interrelations and the hypocholesteremic effect of androsterone. J Clin Endocr 19:936, 1959. 5. Farris, E. J., and Colton, S. W. Effects of L-thyroxine and liothyronine on spermatogenesis. J Urol 79:863, 1958. 6. Osol, A., and Farrar, G. E. United States Dispensatory (ed. 25). Lippincott, Philadelphia, 1955, p. 1432. 7. Wershub, L. P. Sexual Impotence in the Male. Thomas, Springfield, Ill., 1959, pp. 79-99.

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Only a systemically active medication like Flagyl is capable of reaching the hidden reservoirs of infection in the genitourinary tracts of both men and women.

Only Flagyl has been able to achieve rates of cure consistently above 90 per cent and often up to 100 per cent in trichomonal infections in both men and women.

Indications: For the treatment of trichomoniasis in both male and female patients and the sexual partners of patients with a recurrence of the infection provided trichomonads have been demonstrated by wet smear or culture.

Contraindications: Evidence of or a history of blood dyscrasia, active organic disease of the central nervous system and the first trimester of pregnancy.

Warnings: Use with discretion during the second and third trimesters of pregnancy and restrict to patients not cured by topical measures. Flagyl (metronidazole) is secreted in the breast milk of nursing mothers. It is not known whether this can be injurious to the newborn.

Precautions: Mild leukopenia has been reported during Flagyl use; total and differential leukocyte counts are recommended before and after treatment with the drug, especially if a second course is necessary. Avoid alcoholic beverages during Flagyl therapy because abdominal cramps, vomiting and flushing may occur. Discontinue Flagyl promptly if abnormal neurologic signs occur. There is no accepted proof that Flagyl is effective against other organisms and it should not be used in the treatment of other conditions. Exacerbation of moniliasis may occur.

Adverse Reactions: Nausea, headache, anorexia, vomiting, diarrhea, epigastric distress, abdominal cramping, constipation, a metallic, sharp and unpleasant taste, furry or sore tongue, glossitis and stomatitis possibly associated with a sudden overgrowth of *Monilia*, exacerbation of vaginal moniliasis, an occasional reversible moderate leukopenia, dizziness, vertigo, drowsiness, incoordination and ataxia, numbness or paresthesia of an extremity, fleeting joint pains, confusion, irritability, depression, insomnia, mild erythematous eruptions, "weakness," urticaria, flushing, dryness of the mouth, vagina or vulva, vaginal burning, pruritus, dysuria, cystitis, a sense of pelvic pressure, dyspareunia, fever, polyuria, incontinence, decrease of libido, nasal congestion, proctitis, pyuria and darkened urine have occurred in patients receiving the drug. Patients receiving Flagyl may experience abdominal distress, nausea, vomiting or headache if alcoholic beverages are consumed. The taste of alcoholic beverages may also be modified.

Dosage and Administration: *In the Female.* One 250-mg. tablet orally three times daily for ten days. Courses may be repeated if required in especially stubborn cases; in such patients an interval of four to six weeks between courses and total and differential leukocyte counts before, during and after treatment are recommended. Vaginal inserts of 500 mg. are available for use, particularly in stubborn cases. *When the vaginal inserts are used* one 500-mg. insert is placed high in the vaginal vault each day for ten days and the oral dosage is reduced to two 250-mg. tablets daily during the ten-day course of treatment. Do not use the vaginal inserts as the sole form of therapy. *In the Male.* Prescribe Flagyl only when trichomonads are demonstrated in the urogenital tract, one 250-mg. tablet two times daily for ten days. Flagyl should be taken by both partners over the same ten-day period when it is prescribed for the male in conjunction with the treatment of his female partner.

Dosage Forms: Oral tablets . . . 250 mg.
Vaginal inserts . . 500 mg.

*References available on request.

SEARLE P. O. Box 5110 Chicago, Illinois 60680 942

Research in the Service of Medicine

Owner Breaks Arm When Yacht Runs Agroun

Schuyler, Oct. 31. Harry Waters of Covesville incurred a fractured arm ... acht ... ck a large rock tially capsized. The fire depa had to rescue Waters by sma Damage to the yacht is estim

Hasn't the skipper had enough excitement for one day?

For the patient who has been through an accident, the worry and anxiety following the mishap may actually heighten the perception of pain. This is why there's a classic ¼ grain *sedative* dose of phenobarbital in Phenaphen with Codeine—to take the nervous "edge" off, so the rest of the formula can control the pain more effectively.

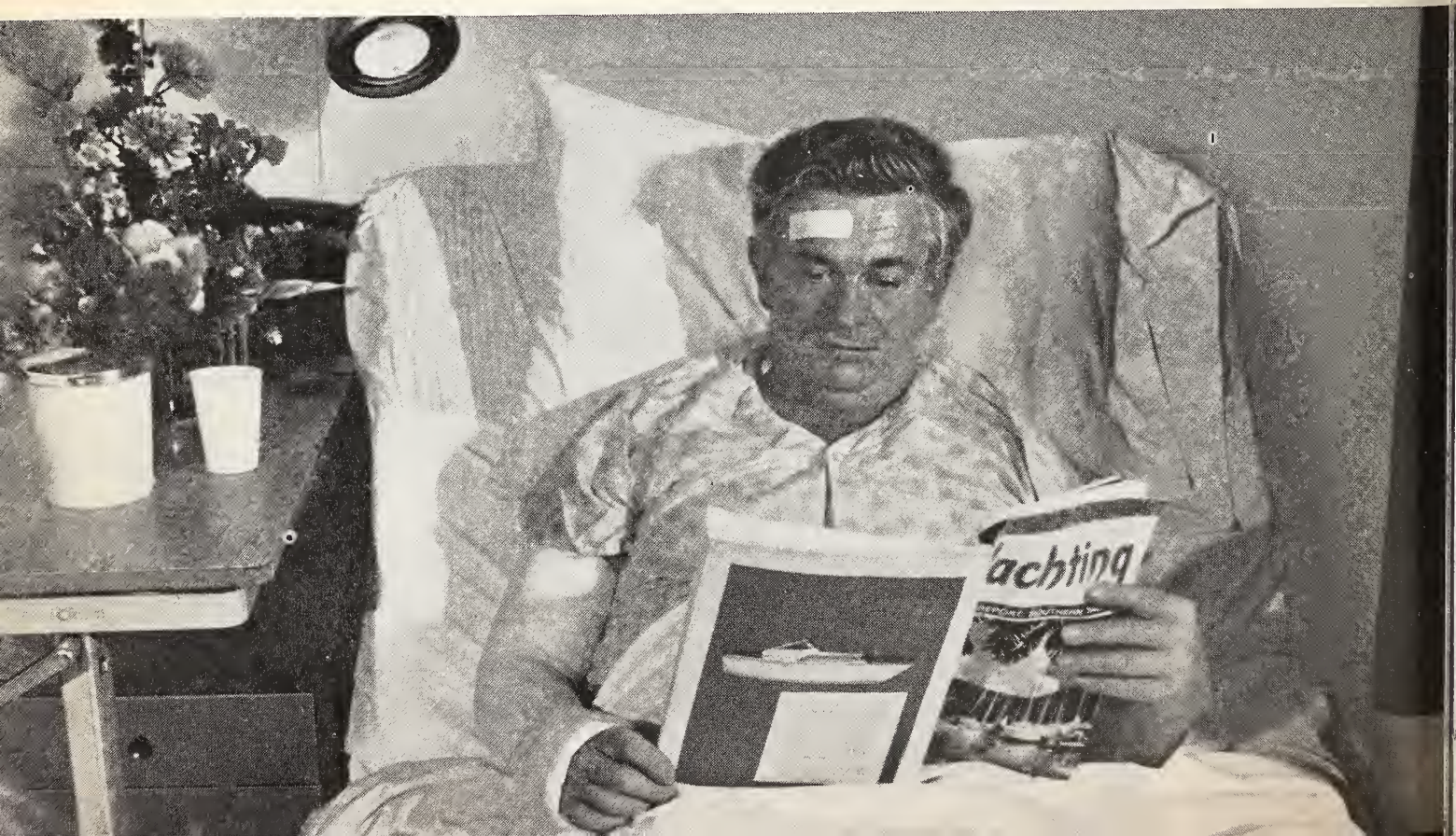
A.H. Robins Company, Richmond, Va. 23220 **A·H·ROBINS**

Phenaphen® with Codeine

Phenaphen with Codeine Nos. 2, 3, or 4 contains: Phenobarbital (¼ gr.), 16.2 mg. (warning: may be habit forming); Aspirin (2½ gr.), 162.0 mg.; Phenacetin (3 gr.), 194.0 mg.; Hyoscyamine sulfate, 0.031 mg.; Codeine Phosphate, ¼ gr. (No. 2), ½ gr. (No. 3), or 1 gr. (No. 4) (warning: may be habit forming)

The compound analgesic that calms instead of caffeinates

Indications: Phenaphen with Codeine provides relief in severer grades o pain, on low codeine dosage, with minimal possibility of side effects. Its use frequently makes unnecessary the use of addicting narcotics. **Contraindica tions:** Hypersensitivity to any of the components. **Precautions:** As with al phenacetin-containing products excessive or prolonged use should be avoided. **Side effects:** Side effects are uncommon, although nausea, con stipation and drowsiness may occur. **Dosage:** Phenaphen No. 2 and No. 3— 1 or 2 capsules every 3 to 4 hours as needed; Phenaphen No. 4—1 capsule every 3 to 4 hours as needed. For further details see product literature.



Professional Medical and Allied Organizations

Due to the additional content of the Yearbook, cut-off date for changes in the following groups was in April. Some have changed in the interim. However, it is felt that where officers have changed, a query to those listed here will put interested persons in contact with such groups.

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Continued

* Dr. Bornemeier will be installed at the June meeting of the AMA. The President-Elect had not been named at the time this issue went to press. His election will be announced in the July *Journal*.

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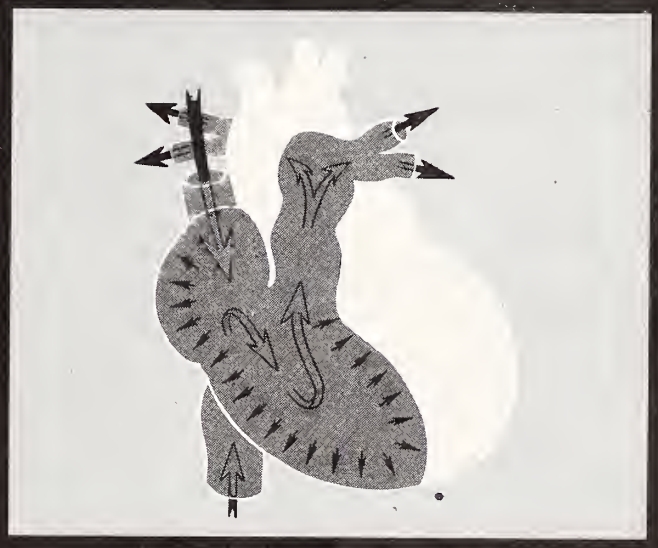

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est, C. H. and Taylor, N. B.: *The Physiolog-al Basis of Medical Practice*, 7th edition, illiams and Wilkins, Baltimore, 1961, p. 480.

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Department of Physiology—Ewald E. Selkurt, Ph.D., Indianapolis.

Department of Biochemistry—David M. Gibson, M.D., Indianapolis, Chairman.

Department of Preventive Medicine—Samuel H. Hopper, Ph.D., Chairman of the Executive Committee.

Department of Pathology—Joshua L. Edwards, M.D., Indianapolis, Chairman.

Department of Clinical Pathology—Carleton Nordschow, M.D., Chairman, Indianapolis.

Department of Microbiology—Edward W. Shrigley, M.D., Ph.D., Indianapolis.

Department of Orthopedic Surgery—James B. Wray, M.D., Indianapolis.

Department of Surgery—J. S. Battersby, M.D., Indianapolis, Acting Chairman.

Department of Medicine—Walter J. Daly, M.D., Chairman, Indianapolis.

Department of Neurology—Alexander T. Ross, M.D., Indianapolis.

Department of Psychiatry—John I. Nurnberger, M.D., Indianapolis.

Department of Radiology—John A. Campbell, M.D., Indianapolis.

Department of Radiation Therapy—Ned Hornback, M.D., Chairman, Indianapolis.

Department of Obstetrics and Gynecology—Charles A. Hunter, Jr., M.D., Indianapolis.

Department of Otorhinolaryngology and Bronchoesophagology—David E. Brown, M.D., Indianapolis.

Department of Ophthalmology—Fred M. Wilson, M.D., Indianapolis.

Department of Urology—Robert A. Garrett, M.D., Indianapolis.

Department of Pharmacology—James Ashmore, Ph.D., Indianapolis, Chairman.

Department of Pediatrics—Morris Green, M.D., Indianapolis.

Department of Anesthesiology—Vergil K. Stoelting, M.D., Indianapolis.

Department of Dermatology—Victor C. Hackney, M.D., Indianapolis.

Department of Medical Genetics—A. Donald Merritt, M.D., Indianapolis.

INDIANA UNIVERSITY MEDICAL CENTER
1100 W. Michigan Street
Indianapolis

Director of Hospitals—Mr. Elton T. Ridley

Assistant Director of Hospitals (Medical)—W. D. Close, M.D.

Director of Clinical Laboratories—Carleton Nordschow, M.D.

Chief Radiologist—J. A. Campbell, M.D.

List of Indiana Accredited Schools of Professional Nursing Preparing for Licensure As Registered Nurses

INDIANA STATE BOARD OF NURSES' REGISTRATION AND NURSING EDUCATION

100 North Senate Avenue, Room 1018, Indianapolis, Indiana 46204

April, 1970

HOSPITAL PROGRAMS

Name of School of Nursing	Location	Director	Zip Code
Deaconess Hospital	Evansville	Miss Ellen Lynch, R.N., Assoc. Dir.	47710
Lutheran Hospital	Fort Wayne	Miss Virginia Williamson, R.N.	46807
Parkview-Methodist	Fort Wayne	Miss Marie Kolter, R.N.	46805
St. Joseph's Hospital	Fort Wayne	Miss Josephine Schweier, R.N.	46804
Marion County General Hospital	Indianapolis	Mrs. Thelma Richardson, R.N.	46202
St. Elizabeth Hospital	Lafayette	Sister M. Florianne, R.N.	47904
Holy Cross	South Bend	Sister M. Blanche, R.N.	46622
Memorial Hospital	South Bend	Miss Irene M. Kardasen, R.N.	46601
St. Anthony Hospital	Terre Haute	Sister M. Alvera, R.N.	47807

BACCALAUREATE DEGREE PROGRAMS

Name of School of Nursing	Location	Director, Dean or Head of Department	Zip Code
Univ. of Evansville	Evansville	Mrs. Helen D. Smith, R.N., Dean	47704
Goshen College	Goshen	Miss Orpah B. Mosemann, R.N., Director	46526
DePauw University 1812 N. Capitol	Indianapolis	Mrs. Catherine M. Friddle, R.N., Director	46202
Indiana University	Indianapolis	Miss Emily Holmquist, R.N., Dean	46202
Ball State University Dept. of Nursing	Muncie	Miss Helen J. Berry, R.N., Head	47306
Indiana State University	Terre Haute	Miss Dorothy McMullan, R.N., Dean	47809
Valparaiso University College of Nursing	Valparaiso	Mrs. Dorothy Paulsen Smith, R.N., Dean	46383

ASSOCIATE DEGREE PROGRAMS

Name of School or Department	Location	Director or Head of Department	Zip Code
*University of Evansville ADN Program		Mrs. Helen Shrode, R.N.	47701
Indiana University A.A. Nursing Programs:			
I.U. Northwest, 3400 Broadway	Gary	Mrs. Doris R. Blaney, R.N.	46408
I.U. Indianapolis, 1812 N. Capitol	Indianapolis	Mrs. Patricia Haase, R.N.	46202
I.U. Southeastern, Warder Park	Jeffersonville	Mrs. Helen Baumann, R.N.	47130
I.U. Kokomo, 2300 S. Washington	Kokomo	Mrs. Florence Gardner, R.N.	46901
Indiana Central College Dept. of N.	Indianapolis	Miss Virginia R. Sims, R.N.	46227
Purdue University Nursing Sections:			
Ft. Wayne Campus, 2101 E. U.S. 30	Ft. Wayne	Mrs. Doris Mack, R.N., Chairman	46805
Calumet Campus, 2233 -171st Street	Hammond	Mrs. Joyce A. Ellis, R.N., Chairman	46323
Indianapolis Campus, 1021 E. 38 St.	Indianapolis	Mrs. Janet Barber, R.N., Chairman	46205
Lafayette Campus, S. Campus Courts	Lafayette	Miss Ann Larowe, R.N., Chairman	47907
North Central Campus	Westville	Robert E. Fullen, R.N., Chairman	46391
Vincennes University	Vincennes	Miss Lee Godare, R.N.	47591

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Double strength Measurin timed-release aspirin offers a new kind of control for your patients with cold and flu discomforts. In each 10-grain tablet are over 6,000 microscopic reservoirs that release aspirin at a controlled rate—some right away and some later on. This means fast relief of symptoms, followed by hours of comfort. Throughout the day, Measurin gives your patients freedom from a 4-hour aspirin schedule. During the night, its 8-hour dosage schedule holds the promise of sound sleep without awakening to take extra tablets.

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ECONOMICAL • EFFECTIVE • LONG LASTING PAIN RELIEF

Dosage: 2 tablets followed by 1 or 2 tablets every 8 hours as required, not to exceed 6 tablets in 24 hours. For maximum nighttime pain relief, 2 tablets at bedtime.

Available: Bottles of 12, 36 and 60 tablets.

Outpatient Mental Health Facilities In the State of Indiana: 1970

DANIEL D. STEINER, ACSW
Indiana Department of Mental Health
Indianapolis

Following is a list of outpatient mental health facilities in the state of Indiana, alphabetized by city of location. The reader who might be interested in additional services (family services, pastoral counseling, psychological testing and a more detailed listing of services, staff and application procedure) should consult the Department of Mental Health, 1315 West Tenth St., Indianapolis, Ind. 46202, Division on Mental Illness, Daniel D. Steiner, ACSW, Director, 634-8401 Ext. 285

Bloomington

Indiana University Psychological Clinic, Psychology Building, 47401. (812) 337-2311.
Eldred F. Hardtke, M.D., Medical Director.

*Mental Health Clinic of Monroe County, 619 West First Street, 47401. (812) 339-1691.
Edward E. Cureton, M.D., Medical Director. James O'Donnell, Business Administrator.

Columbus

*The Consulting Center, Doctors Park, 3100 Central Ave., 47201. (812) 372-7877
George C. Weinland, M.D., Medical Director.

Elkhart

*Oaklawn Psychiatric Center, Inc., 2600 Oakland Ave., 46514. (219) 523-3350.
Otto D. Klassen, M.D., Medical Director. Robert W. Hartzler, Administrator.

Evansville

*Southwestern Indiana Adult Mental Health Center, Inc., 200 Cherry St., 47713. (812) 425-4251.
John P. Longstaff, M.D., Medical Director. Robert M. Spear, Business Administrator.

*Vanderburgh Child Guidance Center, 1 North Barker Ave., 47712. (812) 424-8227.
Lillian Moulton, M.D., Medical Director.

Fort Wayne

*Mental Health Center at Fort Wayne, 227 East Washington Blvd., 46802. (219) 422-4776.
Joseph P. Fiacable, M.D., Director of Adult Division.

Robert L. Greenlee, M.D., Director of Children's Division.

Gary

*Lake County Mental Health Clinic, 4801 West 5th Ave., 46406. (219) 949-9031.
Krystyna Sklenarz, M.D., Medical Director. Mrs. Mary E. Redfox, Business Administrator.

**Northwest Indiana Alcoholism Clinic, 4938 West 5th Ave., 46406. (219) 949-4275.
Carl N. Williams, M.D., Medical Director. Ross Stanton, Administrator.

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* Partially supported by the Indiana Department of Mental Health.

** Completely supported by the Indiana Department of Mental Health.

Indianapolis

Adult Psychiatry Clinic, Indiana University Medical Center, 1100 West Michigan St., 46202. (317) 639-7422.
John E. Kooiker, M.D., Medical Director.

**Central State Hospital Clinic—Alcoholism—Bahr Treatment Building, 3000 West Washington St., 46222. (317) 639-5304.
Thomas McConnell, M.D., Unit Chief. Mrs. Lucile Ross, Administrator.

*Child Guidance Clinic of Marion County, Inc., 1949 East 11th St., 46201. (317) 632-5381.
Edward C. Shipley, M.D., Medical Director. Ben L. Glancy, Administrator.

Epilepsy Clinic of The Indiana University Medical Center, First Floor, Riley Hospital, 46202. (317) 639-8179.
Joseph B. Green, M.D., Medical Director.

Episcopal Community Services, Inc., 1537 Central Ave., 46220. (317) 635-2538.
David Phillips, M.D., Medical Director. The Rev. Canon Frank V. H. Carthy, Executive Director.

**Larue D. Carter Memorial Hospital — Outpatient Clinic, 1315 West 10th St., 46202. (317) 634-8401.
Joseph A. FitzGerald, M.D., Director.

Community Mental Health Center, Marion County General Hospital, 960 Locke St., 46202. (317) 630-7254.
William T. Paynter, M.D., Medical Director. Aaron Liberman, Administrator.

Pediatric-Neurology Clinic (formerly James Whitcomb Riley Memorial Clinic for Intellectually Handicapped Children), First Floor, Riley Hospital, 46202. (317) 639-8747.
Arthur L. Drew, M.D., Medical Director.

Pediatric Neurology Clinic, Marion County General Hospital, 960 Locke St., 46202. (317) 636-7363.

*Riley Child Guidance Clinic, Indiana University Medical Center, 1100 West Michigan St., 46202. (317) 639-8162.
Nancy Roeske, M.D., Director.

Veteran's Administration Regional Office, Mental Hygiene Clinic, 36 South Pennsylvania St., 46204. (317) 635-7401.
John W. Crawford, M.D., Medical Director. E. U. Robinson, M.D., Assistant Chief.

Jeffersonville

*Southern Indiana Mental Health and Guidance Center, Inc., 301 Sparks Ave., 47130. (812) 282-3929.
Joseph B. Brill, M.D., Medical Director.

Kokomo

*Guidance Center of Howard County, Inc., 308 West Taylor St., 46901. (317) 452-5667.
John A. Bowman, M.D., Medical Director. David M. Barnett, ACSW, Administrator.

Lafayette

Purdue Psychological Services Center, Education Building, Purdue University, West Lafayette, 47907. (317) 749-2754.
John M. Hadley, Ph.D., Director.

*Tippecanoe County Mental Health Center, Inc., 2900 North River Road, West Lafayette, 47906. (317) 463-2551.
Joe M. Martin, M.D., Medical Director. Margaret Keedy, Administrator.

Lawrenceburg

*Community Mental Health Clinic, Inc., 285 Bielby Rd., Lawrenceburg, 47025. (812) 537-1302.
Franz L. Geerearts, M.D., Medical Director. Mrs. Norma R. Wolf, Administrator.

Logansport

*Guidance Center, Inc., 200 Eel River Ave., 46947. (219) 753-6441.
Heracleo Matheu, M.D., Medical Director. Gaylia D. Brown, Ph.D., Administrator.

Continued

Madison

**Madison State Hospital Outpatient Clinic, Madison, 47250. (812) 265-2611.

Donald B. Rogers, M.D., Medical Director. Ott B. McAtee, M.D., Administrator.

Marion

*Grant County Mental Health Clinic, 412 South Boots St., 46952. (317) 664-0631.

Larry K. Musselman, M.D., Medical Director. Peter Karras, ACSW, Administrative Director.

Michigan City

*LaPorte County Comprehensive Mental Health Council, Inc., St. Anthony Hospital, P. O. Box 317, Michigan City, Indiana 46360. (219) 872-7279.

HELP FOR THE CONGENITALLY HANDICAPPED CHILD It wosn't so long ogo thot congenitally handicopped children were ollowed to reoch school oge or even loter before being fitted with o prosthesis. In recent yeors, experience has shown thot fitting at on earlier oge produces more effective results—both mentolly os well os physicolly. HANGER provides individuolly designed prostheses to give oid to the congenitolly hondicopped child. Children with "HANGER PROSTHESES" con live normol lives. Using their HANGER opplionces they exercise freely, ride bicycles, roller skote, ploy bosketboll, tennis, ond engage in most of the octivities like other growing children. These octivities enoble the child to become self-reliont. Eoch HANGER prosthesis follows much the some design as those for the odult, but utilizes speciolly developed components of oppropriate size, thus providing o smoother tronsition os the child grows into odulthood. HANGER olso provides devices ond techniques for the initiol fitting of infonts ond problem coses. Troining of children in the use of their prosthesis is highly desiroble, even though children present some problems not seen in odults. Since the ottention spon of young children is short, extreme potience is required. Some hondicops moke an ideol goit-pottern difficult if not virtually impossible to ochieve. It should be noted that complete cooperotion of the porent is necessory regordless of the experience ond ability of the theropist. (Often the parents pass on o sense of guilt that is completely unfounded os there are no known preventive methods to combot the problem of o congenital handicop.)

Hanger PROSTHESES

1332 N. Illinois St., Indianapolis, Indiana 46202
312 E. McMillan St., Cincinnati, Ohio 45219
416 N. Main Street, Evansville, Indiana 47711
3004 S. Wayne Ave., Fort Wayne, Ind. 46807

Frank Hogle, M.D., Acting Medical Director. Melvin Glick, Executive Director.

Muncie

*Delaware County Child Guidance Clinic, 1711 Riverside, 47303. (317) 288-1928.

John L. Yarling, M.D., Medical Director. Robert A. Stump, ACSW, Administrator.

Richmond

*Camilla B. Dunn Mental Health Clinic, 54 South 15th St., 47374. (317) 962-1523.

Robert W. Schmitt, M.D., Medical Director.

South Bend

*The Mental Health Center of St. Joseph County, Inc., 527 West Colfax Ave., 46601. (219) 233-5123.

Harold G. Nichols, M.D., Medical Director. Bernard Janas, Business Administrator.

Terre Haute

*Vigo County Adult and Child Guidance Clinic, 415 North 9th St., 48707. (812) 235-6291.

William C. Shriner, M.D., Medical Director. Harold E. Wilson, ACSW, Administrator.

Valparaiso

Porter County Guidance Clinic, 808 LaPorte Ave., 46383. (219) 462-4105.

Myron E. Berkson, M.D., Medical Director. Mrs. Edith Parsons, Administrator.

Warsaw

*Five County Mental Health Clinic, Inc., 422 South Buffalo St., 46580. (219) 267-7169.

Maria Solymos, M.D., Medical Director. William Kurosky, ACSW, Administrator. ◄

Painful night leg cramps...

unwelcome bedfellow for any patient– including those with arthritis, diabetes or PVD

One thing patients can sleep without, particularly patients with chronic disease conditions such as arthritis, diabetes or PVD, is painful night leg cramps. Although seldom the presenting complaint, night leg cramps can tie your patients up in painful knots. Now, just one tablet of QUINAMM at bedtime can usually bring an end to shattered sleep and needless suffering. Your patients will sleep restfully—gratefully—with QUINAMM, specific therapy to prevent painful night leg cramps.

Prescribing Information—Composition: Each white, beveled, compressed tablet contains: Quinine sulfate, 260 mg., Aminophylline, 195 mg. **Indications:** For the prevention and treatment of nocturnal and recumbency leg muscle cramps, including those associated with arthritis, diabetes, varicose veins, thrombophlebitis, arteriosclerosis and static foot deformities. **Contraindications:** QUINAMM is contraindicated in pregnancy because of its quinine content. **Precautions/Adverse Reactions:** Aminophylline may produce intestinal cramps in some instances, and quinine may produce symptoms of cinchonism, such as tinnitus, dizziness, and gastrointestinal disturbance. Discontinue use if ringing in the ears, deafness, skin rash, or visual disturbances occur. **Dosage:** One tablet upon retiring. Where necessary, dosage may be increased to one tablet following the evening meal and one tablet upon retiring. **Supplied:** Bottles of 100 and 500 tablets.

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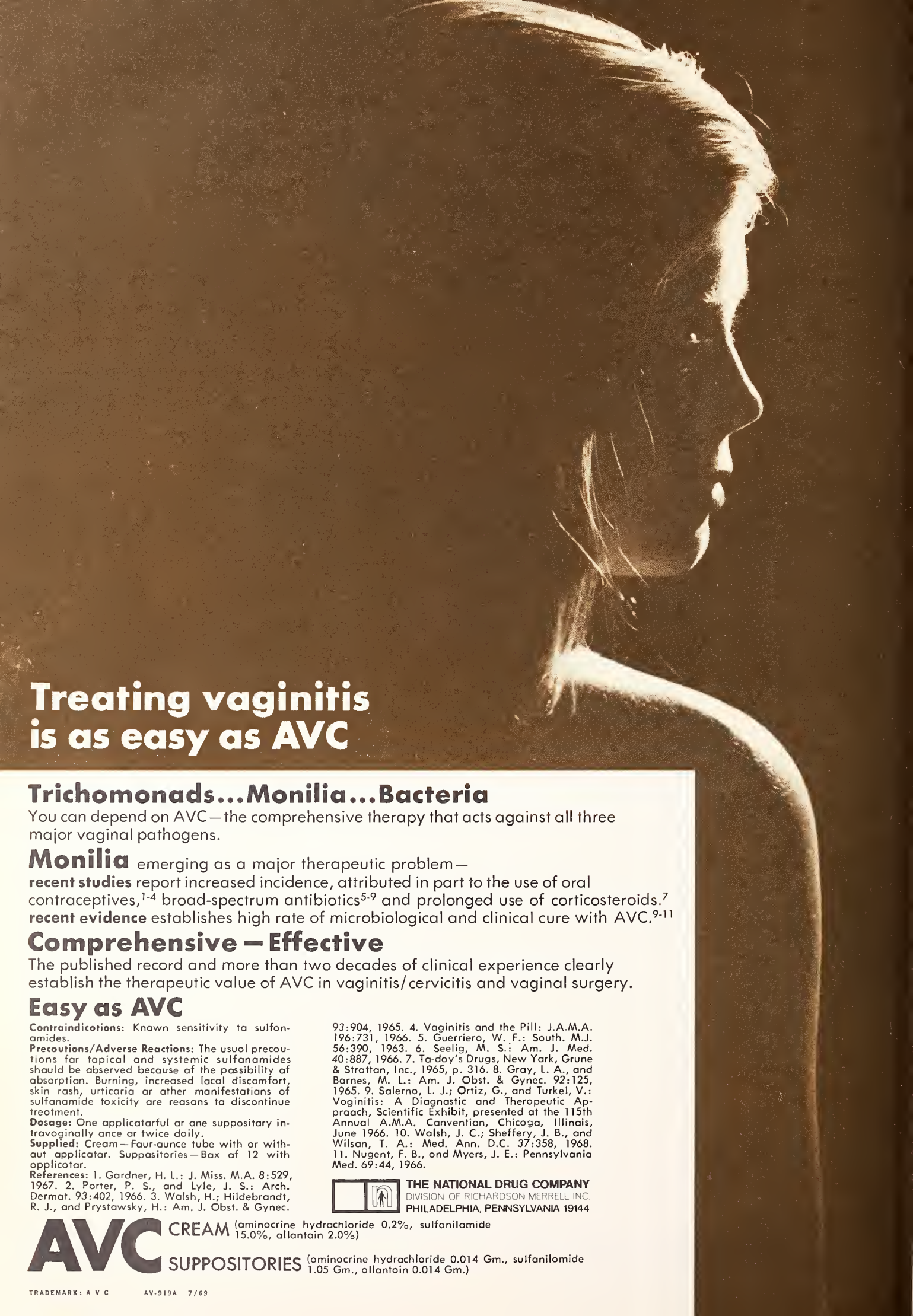
Quinamm™ Specific therapy for night leg cramps
(quinine sulfate 260 mg., aminophylline 195 mg.)



Treating vaginitis is as easy as AVC

Trichomonads...Monilia...Bacteria

You can depend on AVC—the comprehensive therapy that acts against all three major vaginal pathogens.

Monilia emerging as a major therapeutic problem—
recent studies report increased incidence, attributed in part to the use of oral contraceptives,[1-4] broad-spectrum antibiotics[5-9] and prolonged use of corticosteroids.[7]
recent evidence establishes high rate of microbiological and clinical cure with AVC.[9-11]

Comprehensive—Effective

The published record and more than two decades of clinical experience clearly establish the therapeutic value of AVC in vaginitis/cervicitis and vaginal surgery.

Easy as AVC

Contraindications: Known sensitivity to sulfonamides.
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Dosage: One applicatorful or one suppository intravaginally once or twice daily.
Supplied: Cream—Four-ounce tube with or without applicator. Suppositories—Box of 12 with applicator.

References: 1. Gardner, H. L.: J. Miss. M.A. 8:529, 1967. 2. Porter, P. S., and Lyle, J. S.: Arch. Dermat. 93:402, 1966. 3. Walsh, H.; Hildebrandt, R. J., and Prystowsky, H.: Am. J. Obst. & Gynec. 93:904, 1965. 4. Vaginitis and the Pill: J.A.M.A. 196:731, 1966. 5. Guerriero, W. F.: South. M.J. 56:390, 1963. 6. Seelig, M. S.: Am. J. Med. 40:887, 1966. 7. Ta-doy's Drugs, New York, Grune & Stratton, Inc., 1965, p. 316. 8. Gray, L. A., and Barnes, M. L.: Am. J. Obst. & Gynec. 92:125, 1965. 9. Salerno, L. J.; Ortiz, G., and Turkel, V.: Vaginitis: A Diagnostic and Therapeutic Approach, Scientific Exhibit, presented at the 115th Annual A.M.A. Convention, Chicago, Illinois, June 1966. 10. Walsh, J. C.; Sheffery, J. B., and Wilson, T. A.: Med. Ann. D.C. 37:358, 1968. 11. Nugent, F. B., and Myers, J. E.: Pennsylvania Med. 69:44, 1966.

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Approved Hospitals in Indiana*

April 1, 1970

**INDICATES APPROVED MEDICARE HOSPITAL

ADAMS COUNTY

**Adams County Memorial Hospital.
804 Mercer Ave., Decatur.
Mr. Edwin H. Kauffman, Adm.
Beds: 72

ALLEN COUNTY

**Irene Byron Hospital.
12515 Lima Rd., R.R. 13, Fort Wayne
O.T. Kidder, M.D., Supt. & Med. Dir.
Beds: 178

**Parkview Memorial Hospital, Inc.
2200 Randalia Dr., Fort Wayne.
Mr. Mark Slen, Adm.
Beds: 527

**St. Joseph's Hospital.
700 Broadway, Fort Wayne.
Sister M. Joann, Adm.
Beds: 414

**The Lutheran Hospital of Fort Wayne.
3024 Fairfield Ave., Fort Wayne.
Mr. Edgar C. Kruse, Adm.
Beds: 554

BARTHOLOMEW COUNTY

**Bartholomew County Hospital.
2400 East 17th St., Columbus.
Mr. Robert S. Borczon, Adm.
Beds: 227

BLACKFORD COUNTY

**Blackford County Hospital.
503 E. Van Cleve St., Hartford City.
Mr. Warren O. Phemister, Adm.
Beds: 54

BOONE COUNTY

**Witham Memorial Hospital.
1124 N. Lebanon St., Lebanon.
Mr. John H. Luff, Adm.
Beds: 83

CASS COUNTY

**Memorial Hospital.
1101 Michigan Ave., Logansport.
Mr. Herbert L. Fromm, Adm.
Beds: 98

**St. Joseph Hospital.
26th and North Sts., Logansport.
Sister M. Baunach, Adm.
Beds: 86

CLARK COUNTY

**Clark County Memorial Hospital.
210 Sparks Ave., Jeffersonville.
Mr. Frederick J. Zint, Adm.
Beds: 172

CLAY COUNTY

**Clay County Hospital.
1206 E. National Ave., Brazil.
Mr. William Saunders, Adm.
Beds: 96

CLINTON COUNTY

**Clinton County Hospital.
1300 S. Jackson St., Frankfort
Mr. William Russell, Adm.
Beds: 83

DAVIESS COUNTY

**Daviess County Hospital.
1314 Grand Ave., Washington.
Mr. John Garrison, Adm.
Beds: 137

DEARBORN COUNTY

**Dearborn County Hospital.
600 Wilson Creek Rd., Lawrenceburg.
Mr. Homer Conner, Adm.
Beds. 113

DECATUR COUNTY

**Decatur County Memorial Hospital.
720 N. Lincoln St., Greensburg.
Mr. Bernard Harvey, Adm.
Beds: 84

DEKALB COUNTY

**DeKalb Memorial Hospital, Inc.
East Seventh St., Auburn.
Mr. R. O. King, Adm.
Beds: 83

**Garrett Community Hospital, Inc.
220 S. Ijams St., Garrett.
Mr. Eugene M. Secrist, Adm.
Beds: 30

DELAWARE COUNTY

**Ball Memorial Hospital.
2401 University Ave., Muncie.
Mr. Walter G. Ebert, Adm.
Beds: 530

DUBOIS COUNTY

**Memorial Hospital.
800 West 9th St., Jasper.
Sister Mary Kevin, Adm.
Beds: 80

**St. Joseph's Hospital.
Leland Heights, Huntingburg.
Mr. Norman Wright, Adm.
Beds: 87

ELKHART COUNTY

**Elkhart General Hospital.
600 East Boulevard, Elkhart.
Mr. Emery K. Zimmerman, Adm.
Beds: 296

**Goshen General Hospital.
200 High Park Avenue, Goshen.
Mr. Kenneth Swanson, Adm.
Beds: 166

Continued

* Approved by the Indiana Council for Hospital Licensure and the Indiana State Board of Health.

FAYETTE COUNTY

**Fayette Memorial Hospital.
1941 Virginia Ave., Connersville.
Mr. Paul Strube, Adm.
Beds: 112

FLOYD COUNTY

**Memorial Hospital
1850 State St., New Albany.
Mr. William I. Fender, Jr., Adm.
Beds: 260

**Southern Indiana Tuberculosis Hospital.
New Albany.
John M. Paris, M.D., Supt. & Med. Dir.
Beds: 150

FULTON COUNTY

**Woodlawn Hospital.
624 Pontiac St., Rochester.
Mr. Donald J. Logue, Adm.
Beds: 61

GIBSON COUNTY

**Gibson General Hospital.
1808 Sherman Drive, Princeton.
Mr. Herman A. Kohlman, Adm.
Beds: 73

**Wirth Osteopathic Hospital.
Highway 64, West, Oakland City.
Mr. John Adams, Adm.
Beds: 35

GRANT COUNTY

**Marion General Hospital.
Wabash and Euclid, Marion.
Mr. John W. Green, Adm.
Beds: 265

GREENE COUNTY

**Freeman Greene County Hospital.
410 "A" St., N.E., Linton.
Mr. Franklin K. Parker, Adm.
Beds: 72

HAMILTON COUNTY

**Riverview Hospital.
395 Westfield Rd., Noblesville.
Mr. Peter R. Mariani, Adm.
Beds: 133

HANCOCK COUNTY

**Hancock County Memorial Hospital.
800 North State Street, Greenfield.
Mr. C. L. Morris, Adm.
Beds: 83

HARRISON COUNTY

**Harrison County Hospital.
R. R. 4, Box 75, Corydon.
Mr. Norman Penick, Adm.
Beds: 49

HENDRICKS COUNTY

**Hendricks County Hospital.
1000 E. Main St., Danville.
Mr. Harry T. Haver, Jr., Adm.
Beds: 141

HENRY COUNTY

**Henry County Hospital.
1000 N. 16th, New Castle.
Mr. Darryl E. Wahler, Adm.
Beds: 191

HOWARD COUNTY

**Howard Community Hospital.
3500 S. LaFountain St., Kokomo.
Mr. George R. Banjak, Adm.
Beds: 148

**St. Joseph Memorial Hospital.
1907 W. Sycamore St., Kokomo.
Sister M. Martin, Adm.
Beds: 234

HUNTINGTON COUNTY

**Huntington County Hospital.
1215 Etna Ave., Huntington.
Mr. Carl S. Smyth, Adm.
Beds: 100

JACKSON COUNTY

**Jackson County Schneck Memorial Hospital.
Bruce and Poplar St., Seymour.
Mr. George H. James, Adm.
Beds: 86

JASPER COUNTY

**Jasper County Hospital.
E. Grace St., Rensselaer.
Mrs. Ruth Schumaker, R.N., Adm.
Beds: 60

JAY COUNTY

**Jay County Hospital.
505 W. Arch St., Portland.
Mr. Warren Phemister, Adm.
Beds: 100

JEFFERSON COUNTY

**The King's Daughters' Hospital.
112 Presbyterian Ave., Madison.
Mr. W. A. McAlexander, Adm.
Beds: 109

JOHNSON COUNTY

Indiana Masonic Home Hospital.
690 State St., Franklin.
Mr. Roy Turner, Jr., Supt.
Mr. Lowell C. Stanley, Adm.
Beds: 197

**Johnson County Memorial Hospital.
P.O. Box 236, Franklin.
Mr. George P. Goshorn, Adm.
Beds: 160

KNOX COUNTY

**Good Samaritan Hospital.
410 S. 7th St., Vincennes.
Mr. Charles Arends, Adm.
Beds: 232

Hillcrest Tuberculosis Hospital.
N. Second St. Rd.,
Vincennes.
J. Frank W. Stewart, M.D., Supt.
Beds: 47

KOSCIUSKO COUNTY

**Murphy Medical Center.
101 W. Winona Ave., Warsaw.
Mrs. Hazel J. Murphy, Dir.
Beds: 84

LAGRANGE COUNTY

**LaGrange County Hospital.
R.R. 1, LaGrange.
Mr. Wayne E. Gulley, Adm.
Beds: 41

LAKE COUNTY

**James O. Parramore Hospital.
106 Road O, Crown Point.
Norman J. Wilson, M.D., Med. Dir. & Supt.
Beds: 40

**Our Lady of Mercy Hospital.
U. S. Highway 30, Dyer.
Sister M. Frances Xavier, Adm.
Beds: 220

**St. Catherine Hospital of East Chicago.
4321 Fir St., East Chicago.
Sister M. Stephen, Adm.
Beds: 411

**St. Margaret Hospital.
25 Douglas St., Hammond.
Sister M. Doris Hodges, Adm.
Beds: 567

**St. Mary Mercy Hospital of Gary, Inc.
540 Tyler St., Gary.
Paul C. Bellendorf, Adm.
Beds: 293

**The Methodist Hospital of Gary, Inc.
1600 W. 6th Ave., Gary.
Everett A. Johnson, Ph.D., Adm.
Beds: 350

LAPORTE COUNTY

**LaPorte Hospital, Inc.
205 "E" St., LaPorte.
Mr. David D. Kramer, Adm.
Beds: 170

**Memorial Hospital of Michigan City.
5th and Pine Sts., Michigan City.
Mr. Byron N. Whitford, Adm.
Beds: 101

**St. Anthony Hospital.
301 W. Homer St., Michigan City.
Sister M. Verenis, Adm.
Beds: 190

**Walters Hospital, Inc.
3714 S. Franklin St., Michigan City.
Mr. Richard W. Bartnik, Adm.
Beds: 90

LAWRENCE COUNTY

**Dunn Memorial Hospital.
1616 23rd St., Bedford.
Mr. Maurice L. Gray, Adm.
Beds: 97

MADISON COUNTY

**Community Hospital of Anderson and Madison County.
1515 N. Madison Ave., Anderson.
Mr. Louis H. Furlong, Adm.
Beds: 225

**Mercy Hospital, Inc.
1331 South "A" St., Elwood.
Mr. Edward Topek, Adm.
Beds: 71

**St. John's Hickey Memorial Hospital.
2015 Jackson, Anderson.
Sister Mary Brooks, Adm.
Beds: 249

MARION COUNTY

**Community Hospital of Indianapolis, Inc.
1500 N. Ritter Ave., Indianapolis.
Mr. W. C. McLin, Pres.
Beds: 584

**Indiana University Medical Center Hospitals.
1100 W. Michigan St., Indianapolis.
Mr. Elton T. Ridley, Dir. of Hosps.
Beds: 490

**Marion County General Hospital.
960 Locke St., Indianapolis.
Arvine G. Popplewell, M.D., Dir. of Hosps.
Beds: 741

**Methodist Hospital of Indiana, Inc.
1604 N. Capitol Ave., Indianapolis.
Mr. Jack A. L. Hahn, Exec. Dir.
Mr. Bryan A. Rogers, Adm.
Beds: 1,085

**St. Francis Hospital.
101 N. Seventeenth St., Beech Grove.
Sister M. Sponsaria, Exec. Dir.
Mr. Don D. Hamachek, Adm.
Beds: 306

**St. Vincent's Hospital.
120 W. Fall Creek Parkway, Indianapolis.
Sister Carlos McDonnell, Adm.
Beds: 315

**University Heights Hospital, Inc.
3350 Carson Ave., Indianapolis.
Mr. Raymond E. Laughlin, Adm.
Beds: 122

**Winona Memorial Hospital.
3202 N. Meridian St., Indianapolis.
Mr. John R. Gass, Jr., Adm.
Beds: 408

MARSHALL COUNTY

**Community Hospital of German Township, Inc.
411 W. Grant St., Bremen.
Mr. Robert Moat, Adm.
Beds: 18

**Marshall County Parkview Hospital.
1401 N. Michigan St., Plymouth.
Miss Lela Diefenbaugh, R.N., Adm.
Beds: 65

MIAMI COUNTY

**Dukes Memorial Hospital.
275 West 12th St., Peru.
Mr. Robert L. Allman, Adm.
Beds: 80

MONROE COUNTY

**Bloomington Hospital.
605-625 W. Second St., Bloomington.
Mr. Roland E. Kohr, Adm.
Beds: 214

MONTGOMERY COUNTY

**Montgomery County Culver Union Hospital.
308 Binford St., Crawfordsville.
Mr. William Stoltz, Adm.
Beds: 101

Continued

MORGAN COUNTY

****Kendrick Memorial Hospital, Inc.**
130 N. Indiana St., Mooresville.
William Kendrick, M.D., Adm.
Beds: 28

****Morgan County Memorial Hospital.**
Wooden Ave., Martinsville.
Mr. Ernest Baughman, Adm.
Beds: 100

NEWTON COUNTY

****George Ade Memorial Hospital.**
Brook, Ind.
Mrs. Helen M. Borman, Adm.
Beds: 63

NOBLE COUNTY

****McCray Memorial Hospital.**
South Park Dr., Kendallville.
Mr. Dale D. Cochard, Adm.
Beds: 72

ORANGE COUNTY

****Orange County Hospital.**
Sandy Hook Road, Paoli.
Mr. M. Lavelle Garritson, Adm.
Beds: 66

PERRY COUNTY

****Perry County Memorial Hospital.**
Box H, Tell City
Mr. V. J. Bender, Adm.
Beds: 55

PORTER COUNTY

****Porter Memorial Hospital.**
814 LaPorte Ave., Valparaiso.
Mr. Arthur S. Malasto, Adm.
Beds: 310

PULASKI COUNTY

****Pulaski Memorial Hospital.**
State Road 14, East, Winamac.
Mr. Theodore H. Kittell, Adm.
Beds: 37

PUTNAM COUNTY

****Putnam County Hospital.**
330 Greenwood Ave., Greencastle.
Mr. Frank C. Baker, Adm.
Beds: 79

RANDOLPH COUNTY

****Randolph County Hospital.**
Greenville Ave., Winchester.
Mr. Maurice Hutcherson, Adm.
Beds: 60

****Union City Memorial Hospital Association.**
900 N. Columbia St., Union City.
Mr. Lacy C. Barnett, Adm.
Beds: 50

RIPLEY COUNTY

****Margaret Mary Community Hospital.**
R. R. 3, Batesville.
Mr. John G. Cecil, Adm.
Beds: 55

RUSH COUNTY

****Rush Memorial Hospital.**
1300 N. Main St., Rushville.
Mr. Edward Kucinski, Adm.
Beds: 45

SCOTT COUNTY

****Scott County Memorial Hospital.**
Highway 31 North, Scottsburg.
Mr. M. Kenneth Mumford, Adm.
Beds: 62

SHELBY COUNTY

****William S. Major Hospital.**
150 W. Washington St., Shelbyville.
Mr. John R. Webb, Adm.
Beds: 91

ST. JOSEPH COUNTY

****Healthwin Hospital.**
20531 West Darden Road, South Bend.
Mr. John J. Harbart, Adm.
Beds: 127

****Memorial Hospital of South Bend.**
615 N. Michigan St., South Bend.
Mr. Richard W. Trenkner, Adm.
Beds: 370

****St. Joseph Hospital.**
215 W. 4th St., Mishawaka.
Mr. Paul Kaiser, Adm.
Beds: 103

****St. Joseph's Hospital.**
811 E. Madison St., South Bend.
Sister Margo Cain, Adm.
Beds: 344

****South Bend Osteopathic Hospital.**
2515 E. Jefferson Blvd., South Bend.
A. F. Kull, D.O., Adm.
Beds: 105

STARKE COUNTY

****Starke Memorial Hospital.**
102 E. Culver Road, Knox.
Mr. James W. Gordon, Adm.
Beds: 79

STEUBEN COUNTY

****Cameron Memorial Hospitals, Inc.**
416 E. Maumee, Angola.
Mr. F. W. Schwerin, Adm.
Beds: 51

****Elmhurst Hospital, Inc.**
909 W. Maumee, Angola.
Mr. Ronald D. Showalter, Adm.
Beds: 21

SULLIVAN COUNTY

****Mary Sherman Hospital.**
320 N. Section St., Sullivan.
Mr. William H. Sluder, Adm.
Beds: 120

TIPPECANOE COUNTY

****Lafayette Home Hospital, Inc.**
2400 E. South St., Lafayette.
Mr. Franklin E. Simek, Adm.
Beds: 248

Purdue University Student Health Center.
Purdue University.
West Lafayette, Ind.
Loyal W. Combs, M.D., Dir.
Beds: 74

****St. Elizabeth Hospital.**
1501 Hartford Street, Lafayette.
Mr. Paul E. Hess, Adm.
Beds: 374

TIPTON COUNTY

****Tipton County Memorial Hospital.**
1032 South Main Street, Tipton.
Mr. James C. Talley, Adm.
Beds: 71

VANDERBURGH COUNTY

****Deaconess Hospital, Inc.**
600-700 Mary St., Evansville.
Mr. David A. Johnson, Adm.
Beds: 521

****St. Mary's Hospital, Inc.**
3700 Washington Ave., Evansville.
Sister Juliana Beuerlein, Adm.
Beds: 417

****Welborn Memorial Baptist Hospital, Inc.**
412 S.E. 4th St., Evansville.
Mr. Nolan R. Lackey, Pres.
Beds: 363

VERMILLION COUNTY

****Vermillion County Hospital.**
801 S. Main St., Clinton.
Mr. Roger J. Vanderboom, Adm.
Beds: 66

VIGO COUNTY

****St. Anthony Hospital.**
1021 S. 6th St., Terre Haute.
Sister M. Henrita, Adm.
Beds: 288

****Union Hospital, Inc.**
1606 N. 7th St., Terre Haute.
Mr. Joseph B. Mackey, Adm.
Beds: 256

WABASH COUNTY

****Wabash County Hospital.**
670 N. East St., Wabash.
Mr. Gerald E. Almond, Adm.
Beds: 127

WARREN COUNTY

****Community Hospital.**
412 N. Monroe St., Williamsport.
Mrs. Norma Hillyer, R.N., Act. Adm.
Beds: 29

WASHINGTON COUNTY

****Washington County Memorial Hospital.**
911 N. Shelby Street, Salem.
Mr. Ralph W. Keyes, Adm.
Beds: 65

WAYNE COUNTY

****Reid Memorial Hospital.**
1401 Chester Blvd., Richmond.
Mr. M. Ray Ferguson, Adm.
Beds: 324

WELLS COUNTY

****Clinic Hospital.**
309 S. Main St., Bluffton.
Mr. Ronald M. Adams, Adm.
Beds: 164

****Wells County Hospital.**
1100 S. Main St., Bluffton.
Mrs. Dorothy Elett Radkey, R.N., Adm.
Beds: 50

WHITE COUNTY

****White County Memorial Hospital.**
1101 O'Conner Blvd., Monticello.
Mr. Richard J. Reichow, Adm.
Beds: 48

WHITLEY COUNTY

****Whitley County Memorial Hospital.**
353 N. Oak St., Columbia City.
Mr. Robert L. McConnell, Adm.
Beds: 84

Approved Mental Hospitals in Indiana

See State-Operated Mental Institutions, Page 648.

****Wabash Valley Hospital.**
West Lafayette.
Mr. Donald R. Kinzer, Adm.
Beds: 44

*Indiana Accredited Practical Nursing Schools**

April, 1970

School or Program		Director, School or Program
Anderson School of Practical Nursing Anderson Public Schools 528 W. 11th St., Anderson	46016	Mrs. Janice T. Adkins, R.N. Director
Indiana Vocation Technical College White River Valley Regional Institute School of Practical Nursing 619 W. First Street, Bloomington		
School of Practical Nursing Bartholomew Consol. School Corp 2650 Home Avenue, Columbus	47201	Mrs. Hazel Miranda, R.N. Instructor- Supervisor
Evansville School of Practical Nursing Evansville-Vanderburgh School Corp., 1216 E. Illinois, Evansville	47711	Miss Joyce Stevens, R.N. Director
School of Practical Nursing Fort Wayne Community Schools, 203 E. Douglas, Fort Wayne	46802	Mrs. Doris J. Martin, R.N. Director
Purdue Practical Nurse Training Program Purdue Univ., Calumet Campus, Hammond	46323	Miss Esther Ramsay, R.N. Director
School of Practical Nursing Indianapolis Public Schools 26 N. Arsenal Street, Indianapolis	46201	Mrs. Marguerite F. Clark, R.N. Director
Kokomo School of Practical Nursing Kokomo-Center Twp. Cons. Sch. Corp., 1104 N. Bell, Kokomo	46901	Mrs. Geraldine Huber, R.N. Director-Coordinator
Indiana Vocational Technical College Tippewa Regional Institute School of Practical Nursing 2316 South St., Lafayette	47904	Mrs. Elizabeth J. Laws, R.N. Act'g. Director
Marion Community School of Practical Nursing Marion Community Schools, Marion	46952	Mrs. Esther Fritts, R.N. Instructor-Supervisor
Indiana Vocational Technical College Northwest Regional Institute School of Practical Nursing 2301 Homer Street, Michigan City	46360	Mrs. Iva Brunner, R.N. Director
Muncie School of Practical Nursing Ball Memorial Hospital, Muncie	47303	Mrs. Norma Lewis, R.N. Director
New Albany School of Practical Nursing New Albany-Floyd Co. Cons. Sch. Corp. 4202 Charlestown Rd., New Albany	47150	Mrs. Phyllis Thacker, R.N. Director
Richmond School of Practical Nursing Reid Memorial Hospital, Richmond	47374	Mrs. Doris Mettert, R.N. Director
Indiana Vocational Technical College St. Joseph Valley Regional Institute School of Practical Nursing 1534 W. Sample St., South Bend	46619	Miss Dorothy Bupp, R.N. Coordinator
Vocational School of Practical Nursing Vigo Co. School Corporation 1421 Second Ave., Terre Haute	47807	Miss Betty Beauchamp, R.N. Coordinator
Vincennes University Practical Nurse Program, Vincennes	47591	Mrs. Marjorie Miller, R.N. Director-Instructor

* Furnished by INDIANA STATE BOARD OF NURSES' REGISTRATION AND NURSING EDUCATION, 100 North Senate Avenue, Room 1018, Indianapolis, Indiana. 46204

INDIANA STATE BOARD OF HEALTH

MONTHLY REPORT—April, 1970

Disease	April 1970	Mar. 1970	Feb. 1970	April 1969	April 1968
Animal Bites	787	516	391	937	959
Chickenpox	459	506	620	737	491
Conjunctivitis	153	164	153	128	129
Diphtheria	0	2	0	0	0
Dysentery, Unspecified	0	5	18	81	82
Gonorrhea	658	608	514	541	427
Impetigo	85	107	90	90	67
Infectious Hepatitis	49	69	57	53	31
Infectious Mononucleosis	71	76	98	85	101
Influenza	1244	5041	11278	6135	680
Measles					
Rubeola	54	59	33	108	80
Rubella	442	399	284	667	133
Meningococcic Meningitis	2	6	5	7	1
Meningitis, Other	5	2	3	11	1
Mumps	314	369	218	461	655
Pertussis (whooping cough)	4	7	5	0	41
Pneumonia	390	479	433	241	185
Poliomyelitis	0	0	0	0	0
Streptococcal Infections	861	1025	995	1109	826
Syphilis					
Primary & Secondary	40	51	35	22	45
All Other Syphilis	108	115	76	123	97
Tinea Capitis	5	3	4	18	10
Tuberculosis (Active)	112	75	92	85	68

★

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665 East 61st Street Telephone: 317-255-6525

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*Ivy Tech Health Occupation Courses**

St. Joseph Valley Regional Institute

1534 West Sample Street
South Bend, Indiana 46619

Offers courses to prepare:

Medical Laboratory Assistants
Licensed Practical Nurses
Operating Room Technicians
Medical Office Assistants
Nurse Aides

Tippewa Region

2316 South Street
Lafayette, Indiana 47904

Offers courses to prepare:

Licensed Practical Nurses
Medical Laboratory Assistants
Operating Room Technicians
Medical Assistants

Whitewater Region

Post Office Box 934
358 NW "F" Street
Richmond, Indiana 47374

Offers courses to prepare:

Medical Laboratory Assistants

Mallory Technical Institute

1315 East Washington Street
Indianapolis, Indiana 46204

Offers courses to prepare:

Medical Laboratory Assistants
Operating Room Technicians
X-Ray Technologists
Medical Assistants

Northwest Region

Post Office Box 986
East Chicago, Indiana 46312

Offers courses to prepare:

Licensed Practical Nurses
Medical Assistants

White River Valley Region

City Hall — Second Floor
439 Fifth Street
Columbus, Indiana 47201

Offers courses to prepare:

Licensed Practical Nurses
Operating Room Technicians

* Furnished by the Indiana Vocational Technical College, 333 N. Pennsylvania St., Indianapolis 46204.

From *The Journal* 50 Years Ago

. . . We are under the impression that some surgeons and even some hospitals are using lay anesthetists as an economical measure, and while it is perfectly true that some nurses become reasonably expert in giving anesthetics yet the fact remains that there are times during the giving of an anesthetic when such knowledge as is possessed by one who has been medically trained is absolutely essential for the safety of the patient. If complications occur which require the prompt and decisive action of a medically trained anesthetist, they also will occur in the experiences of lay anesthetists, and if you can train a lay person to be a reasonably good anesthetist how infinitely better will a medically trained person be if trained as an anesthetist.

We quite approve of the resolutions that have been passed by the American Association of Anesthetists, and we believe that in the interest of better surgery and for the better protection of the patient we need and should have well trained medical anesthetists, and more of them than are available at the present time. There is absolutely no excuse for the employment of any other kind of anesthetists by hospitals or by surgeons, and the only exceptions to the rule requiring the employment of trained anesthetists is in those emergency cases where the best talent available should be employed, whether ranking as trained anesthetists or not. The really expert anesthetist is one who not only has a medical degree, with the experience and training that goes with it, but who has had special training in the administration of anesthetics and is peculiarly fitted by nature for the work. We shall never have enough of such anesthetists until we recognize the importance of having our anesthetics given by experts, and we pay adequately for such service. If the surgeon desires to have his private anesthetist, he ought, in his own interest as well as in the interest of the patient, to secure the services of a medical man who has been especially fitted for the anesthetist's work, and not resort to a make-shift even though it is more economical to train a nurse for the work . . . . Editorial, *JISMA*, June, 1920.

/hat she really needs, Doctor, is a shot of penicillin."

ybe. Maybe not. In any case she needs something to trol her sneezing, watery eyes and runny nose. And for t children over six, Novahistine® LP can be depended to provide fast relief from summer colds and allergy. se continuous-release tablets have a vasoconstrictor-histamine formulation that begins working in minutes, continues to provide relief for hours. A single Nova-ine LP tablet, morning and evening, can keep most young patients free of symptoms all day and all night. Use with caution in individuals with severe hypertension, diabetes mellitus, hyperthyroidism or urinary retention. Caution ambulatory patients that drowsiness may result.

Novahistine® LP decongestant

(Each tablet contains 25 mg. of phenylephrine hydrochloride and 4 mg. of chlorpheniramine maleate.)

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Clinical Extension of a pure Smooth Muscle Relaxant

TROCINATE®

Brand THIPHENAMIL HCl

400 mg./100 mg. S/C tablets

Trocinate relaxes all smooth muscles. Its direct action (musculotropic) does not involve the autonomic nervous system and it is not mydriatic. It is metabolized by the body and eliminated in the urine as harmless degradation products. Trocinate has a remarkable history of freedom from side-effects.

When a pure direct-acting smooth muscle relaxant is indicated, Trocinate is the drug of choice.

DIARRHEA (functional) . . . *the first 400 mg. tablet usually relieves the discomfort of diarrhea so promptly that it ceases to be a bother.*

DIVERTICULITIS—MUCOUS COLITIS . . . *the accompanying discomforts can be relieved by this direct smooth muscle relaxant.*

BLADDER SPASM . . . *relaxation is immediate. One or two tablets condition the bladder for cystoscopy in one hour.*

SPASTIC URETER . . . *the specific relaxing effect of Trocinate on the spastic ureter has been proven by animal studies and affirmed clinically. (J. Urol. 73:487-93)*

PRESCRIBING INFORMATION

WARNING: Do not give in advanced kidney or liver disease. PRECAUTIONS: Trocinate relaxes all smooth muscles. Large dosage or prolonged usage may cause feeling of weakness or can theoretically precipitate gall-bladder colic, due to relaxing the vascular and duct systems. Caution should be observed in patients with urinary bladder obstruction. DOSAGE: 400 mg. May be repeated in 4 hours. After relief, lengthen the dose frequency. (see side note)

NOTE: *The high therapeutic index of Trocinate permits its administration in dosage sufficient to relieve smooth muscle spasm promptly. 400 mg. dosage usually creates a therapeutic blood level. In reducing dosage after relief, lengthening the time between dosage rather than lessening the recommended dose is preferable. The prompt direct action allows a consciousness of the first suggestion of return of symptom . . . a guide to dose spacing and to determining when treatment is complete. A prescription for twelve or sixteen 400 mg. tablets will usually correct spasm and leave a few tablets for a reserve.*

WILLIAM P. POYTHRESS & CO., INC.
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A Psychiatric Perspective On the Molested Child

Submitted by:
C. Raymond Kiefer, M.D.
Director of Child Mental Health
Department of Mental Health
1315 W. Tenth Street
Indianapolis, Indiana 46202

A. *The Children Involved:*

1. Such victims are not necessarily emotionally damaged too much nor for a very long period of time.

2. They are better off, on the average, if they can manage to air this experience with a parent or with some counselor whom they feel they can trust.

B. *The Parents:*

1. Parents should try to avoid blocking the victim's expressing himself. It may happen if the parent is unduly attacking or shaming. On the other hand parents should make clear that this pattern of behavior which the child has experienced is definitely out of line.

2. This is a particularly good time for the parents (or a trusted physician, etc.) to progress on sex education of these youngsters if they can talk about this comfortably.

   Backup information and services available:

   a. Educational materials such as ones you can obtain from local mental health associations, from health educators, and series of sex education materials jointly sponsored by the American Medical Association and the National Education Association.

   b. If special medical psychological service seems to be needed, then the parents can turn to psychiatric clinics, private psychiatrist practitioners or other trusted counselors.

C. *The Teachers, and their Principals or other Supervisors:*

There is a tendency for some school people to be fearful of being misunderstood if they show any fondness for a youngster such as placing an arm on the shoulder. We would hope that school people will not over-react to this recent occurrence by holding back a show of affection when it is spontaneous, appropriate and hence a part of nurturing education.

Licensed Nursing Homes In Indiana

May, 1970

****INDICATES FEDERALLY APPROVED EXTENDED CARE FACILITY**

ADAMS COUNTY

Adams County Home
Route 6, Decatur 46733
Leo and Betty Feasel, Adms.

Berne Nursing Home
906 W. Main St., Berne 46711
Pauline Hostetler, L.P.N., Adm.

Cooper Rest Home
111 North Third St.,
Decatur 46733
Myron L. Bradburn, Adm.

Swiss Village, Inc.
P.O. Box 363, Berne 46711
Merlin K. Sprunger, Adm.

ALLEN COUNTY

Allen County Nursing Home
12101 Lima Rd., R. R. 13,
Ft. Wayne 46808
Thomas A. Katsanis, Adm.

Crow's Haven Nursing Home
2440 Bowser Ave.,
Fort Wayne 46803
Lyle B. Crow and Jeanne E. Crow, Adms.

Glenacres, Inc.
3420 E. State St.,
Fort Wayne 46805
Casto Ball, Adm.

Lawton Nursing Home, Inc.
1649 Spy Run Ave.,
Fort Wayne 46805
Walter C. Buuck, L.P.N., Adm.

Lutheran Home, Inc.
6701 S. Anthony Blvd., Ft.
Wayne 46806
Fred L. Nieno, Adm.

****Parnell Park Nursing Home**
3811 Parnell Ave.,
Ft. Wayne 46805
Margaret Walls, R.N., Adm.

Saint Anne Home
1900 Randalia Dr., Ft. Wayne
46805
John Martin, Adm.

The Towne House
2209 St. Joe Center Rd., Ft.
Wayne 46805
Marvin Isley, Adm.

Towne House Health Center
5544 E. State Blvd., Fort
Wayne 46805
Rev. Martin L. Isley, Adm.

****Turtle Creek Convalescent Centre of Fort Wayne, Inc.**
2001 Hobson Rd., Fort Wayne
46805
George Monk, Adm.

Twin Maples Sanatarium
734 W. Washington Blvd., Fort
Wayne 46804
Laszlo and Elizabeth Szegedy,
Adms.

BARTHOLOMEW COUNTY

Bartholomew County Home
2525 Illinois, Columbus 47201
Mildred Drake, Adm.

****Extendicare/Columbus**
2100 Midway St.,
Columbus 47201
Betty Feeney, Adm.

Ken-Joy Convalescent Home
Maple Street, Hope 47246
Arthur L. Miller, Adm.

Luther Nursing Home
837 Fourth St., Columbus 47201
Mary Luther, Adm.

Powell's Nursing Home
R. R. 4, Columbus 47201
Betty Powell, Adm.

Shady Nook Rest Home
R. R. 8, Columbus 47201
Louanna Niemoeller, Adm.

The Four Seasons Home
1901 Taylor Rd., Columbus 47201
John Allbritten, Adm.

BENTON COUNTY

Benton County Home
R. R. 1, Oxford 47971
Frank Flynn, Adm.

Earl Park Nursing Home
400 Chestnut, Earl Park 47942
Evelyn Taylor, Adm.

Mary's Nursing Home
Maple & Elm, Earl Park 47942
Mary Belange, Adm.

BLACKFORD COUNTY

Blackford County County Home
R. R. 1, Hartford City 47348
Walter F. Elliott, Adm.

Willow Hall
715 N. Mill St.,
Hartford City 47348
Ralph and Martha Waldo,
Adms.

BOONE COUNTY

English Nursing Home
1015 N. Lebanon, Lebanon 46052
Frank H. English, Adm.

Hoosier Village
5300 W. 96th St., Indianapolis
46268
B. Kent Duke, Adm.

National Nursing Home of Lebanon
301 W. Essex, Lebanon 46052
Carolyn K. Wheat, R.N., Adm.

Oak Park Manor
R. R. #2, Lebanon 46052
Robert E. and Margaret E.
Hine, Adms.

CARROLL COUNTY

Brethren's Home of Indiana, Inc.
R. R. 2, Flora 46929
William L. Livingston, Adm.

Carroll County Home
R. R. 4, Delphi 46923
Eugene Burkhalter, Adm.

CASS COUNTY

Cass County Home
Perrysburg Rd., Logansport
46947
Mr. and Mrs. LeRoy Frey,
Adms.

****Chase Manor Nursing and Convalescent Center**
1 Chase Park, Logansport 46947
Charles J. Harmon, Adm.

The Neal Home
2518 George St., Logansport
46947
Mrs. Donald Lutes, Adm.

CLARK COUNTY

****Extendicare/Clarksville, Inc.**
517 N. Hallmark Dr.,
Clarksville 47130
Donald E. West, Adm.

****Hillcrest Nursing Home, Inc.**
203 Sparks Ave., Jeffersonville
47130
Byron W. Branam, Adm.

Kentuckiana Christian Home, Inc.
Route 2, Box 39, Charlestown
47111
Rev. Julian O. Hunt, Adm.

The Ladies Home, Inc.
330 W. Market St., Jefferson-
ville 47130
Anna Schimpff, Adm.

National Nursing Home of Jeffersonville
1720 E. 8th St., Jeffersonville 47130
David M. Ragland, Adm.

O'Brien Rest Home
318 W. Market St., Jeffersonville 47130
Mary A. O'Brien, Adm.

Twilight Nursing Home
418 Riverside Dr., Jeffersonville 47130
Delilah Jean Goodwin, Adm.

CLAY COUNTY

MaCanell Nursing Home
R. R. 2, Box 139, Center Point 47840
Hugh W. McCann, Adm.

****Medicenter/Brazil**
1408 E. Hendrix St., Brazil 47834
Madge F. Scobell, Adm.

Stinson Nursing Home, Inc.
601 S. Leavitt St., Brazil 47834
Inez Stinson, Adm.

Wilson Nursing Home
R. R. 5, Brazil 47834
Juanita Mayle, L.P.N., Adm.

CLINTON COUNTY

Assembly Nursing Home
551 E. Walnut St., Frankfort 46041
Virginia L. Snavely, Adm.

Clinton County Home
R. R. 2, Frankfort 46041
Everett Brock, Adm.

Mulberry Lutheran Home, Inc.
State Route 38, W. Jackson St., Mulberry 46058
Gerald G. North, Adm.

National Nursing Home of Frankfort
1234 Rossville Ave., Frankfort 46041
Rita A. McDonald, R.N., Adm.

Shoemaker Memorial Home
951 E. Clinton St., Frankfort 46041
Rev. T. Wayne Preusz, Adm.

Wesley Manor, Northwest Indiana Methodist Home, Inc.
1555 N. Main St., Frankfort 46041
Rev. Carlyle L. Mason, Adm.

DAVIESS COUNTY

Colvin Nursing Home
1109 National Highway, Washington 47501
Wilma J. Brown, Adm.

Meyers Nursing Home
215 W. Oak St., Washington 47501
Rosetta Meyers, Adm.

****Prairie Village, Inc.**
1401 Highway 57, South, Washington 47501
Georgia Atwood, Adm.

Washington Nursing Center, Inc.
603 E. National Highway, Washington 47501
Charles R. Gabhart, Adm.

DEARBORN COUNTY

Dillsboro Manor
Box 66, Dillsboro 47018
Mr. and Mrs. Dellas M. Ross, Adms.

Shady Nook Convalescent Home
607 Wilson Creek Rd., Lawrenceburg 47025
Wilbur and Alta McMullen, Adms.

****Terrace View ECF**
403 Bielby Rd., Lawrenceburg 47025
Elsie Dreyer, Adm.

DECATUR COUNTY

Laverne Nursing Home
Westport 47283
Peggy L. V. Waltermire, L.P.N., Adm.

Michigan Hill Nursing Home
320 S. Michigan Ave., Greensburg 47240
Barbara J. Mouser, Adm.

Odd Fellows Home
R. R. 8, Greensburg 47240
Harold Williams, Adm.

Pearl Black Nursing Home
202 W. Third St., Greensburg 47240
Pearl Black, Adm.

Slone Nursing Home
R. R. 4, Greensburg 47240
Marie Slone, Adm.

DEKALB COUNTY

Betz Nursing Home
R. R. 3, Auburn 46706
Everett and Doris Betz, Adms.

Butler Hotel Rest Home, Inc.
117 S. Broadway St., Butler 46721
Harriett V. Angus, R.N., Adm.

****Glen Oaks, Inc.**
State Rd. #8, East, Auburn 46706
Kathryn E. Larrance, R.N., Adm.

Sheehy Nursing Homes, Inc.
402 N. Broadway St., Butler 46721
Flo Sheehy, Adm.

Sheehy's Retirement Home
406 N. Broadway, Butler 46721
Flo Sheehy, Adm.

Southview Nursing Home
131 W. Depot St., Butler 46721
Eugene L. Harrold, adm.

DELAWARE COUNTY

Chrystal's Country Home
R. R. 1, Selma 47383
Chrystal V. Steele, L.P.N., Adm

Delaware County Home
R. R. 5, Box 157, Muncie 47302
Helen V. Stewart, Adm.

Dunkirk Nursing and Convalescent Home
R. R. 2, St. Rd. 67, So., Dunkirk 47336
Raymond E. and M. June LaFevre, Adms.

Eads Nursing Home
R. R. 7, Muncie 47305
Epsy W. Eads, Adm.

Faulkner Rest Home
905 S. Grant St., Muncie 47305
Edgar Faulkner, Adm.

Golden Rule Nursing Home
502 N. Madison St., Gaston 47342
James Nash, Adm.

Maple Grove Convalescent Home
1347 East Jackson St., Muncie 47305
Pearl B. Harty, Adm.

Morgan-Nickols Convalescent Home
727 Wheeling Ave., Muncie 47303
Peggy K. Polk, Adm.

Morgan-Nickols Residential Club
175 Kilgore, Muncie 47305
Peggy K. Polk, Adm.

****Parkview Nursing Home**
2200 White River Blvd., Muncie 47303
Constance Nickols, Adm.

Riverview Convalescent Home
R. R. 2, Burlington Dr., Muncie 47302
Larry Harty, Adm.

Shady Haven Rest Home
R. R. 9, Bethel Pike, Muncie 47302
Jessie Starks, L.P.N., Adm.

Continued

Sylvester Home for the Aged
R. R. 5, Burlington Dr., Muncie 47302
Mantha J. Sylvester, Adm.

****Woodland Nursing Home**
3600 W. Jackson St., Muncie 47304
Hazel Wilson, R.N., Adm.

DUBOIS COUNTY

Hubster's Boarding Home
1008 Van Buren, Huntingburg 47542
Lillian Hubster, Adm.

Jasper Nursing Center, Inc.
R.R. 2, Jasper 47546
John L. Wehrle, Adm.

Northwood Good Samaritan Center
P. O. Box 459, Jasper 47546
Myles Taylor, Adm.

Providence Home
W. Ninth Street, Jasper 47546
Rev. Philip Ottavi, Adm.

ELKHART COUNTY

****Americana Nursing Center of Elkhart**
343 S. Nappanee St., Elkhart 46514
Jean T. Robinson, Adm.

Andresen Nursing Home
302 S. Sixth St., Goshen 46526
Charles Andresen, Adm.

Elkhart Nursing and Convalescent Home, Inc.
2600 Moorehouse, Elkhart 46514
Sandra Kay Phillips, Adm.

****Fountainview Place**
1001 W. Hively Ave., Elkhart 46514
Rita L. Montgomery, Adm.

Lu-Ann Nursing Home
952 W. Walnut St., Nappanee 46550
John L. Mellinger and Wayne R. Dunham, Adms.

Nicholson Convalescent Home
2400 Elkhart Rd., Goshen 46526
George and Gracia Nicholson, R.N., Adms.

Peterson Nursing Home
302 E. Lincoln Ave., Goshen 46526
Wilbur J. and Florence J. Mowry, R.N., Adms.

Rest Haven Home
803 Wolf Ave., Elkhart 46514
Peter A. Calabrese, Adm.

Riley Convalescent Home
527 S. Main St., Goshen 46526
Kathryn I. Chupp, Adm.

Simpson Nursing Home
114 S. 6th St., Goshen 46526
Richard A. Simpson, Adm.

Treva's Nursing Home
1005 S. Third St., Elkhart 46514
Treva M. Criss, Adm.

****Turtle Creek Convalescent Centre of Elkhart**
1400 W. Franklin St., Elkhart 46514
Larry LaPrairie, Adm.

FAYETTE COUNTY

Lincoln Manor Nursing Home
903 Lincoln Ave., Connersville 47331
Chester O'Neal, Jr., Adm.

National Nursing Home of Connersville
2600 N. Grand Ave., Connersville 47331
Dorothy Schlotterbeck, R.N., Adm.

Paula-Mar Nursing Home
319-21 Western Ave., Connersville 47331
Paul E. and Mary M. Harvey, Adms.

FLOYD COUNTY

****Green Valley Convalescent Center**
3018 Green Valley Rd., New Albany 47150
Peter Graves, Adm.

Providence Retirement Home
703 E. Spring St., New Albany 47150
Sister Mary Loyola Bender, Adm.

FOUNTAIN COUNTY

Alward Nursing Home
605 Summit St., Attica 47918
Leston and Imogene B. Alward, R.N., Adms.

Tall Trees Nursing and Convalescent Home
303 Second St., Covington 47932
William and Kathryn Button, Adms.

FRANKLIN COUNTY

Echo Hill Nursing Home
R. R. 2, Laurel 47024
Myrtle Jackson, Adm.

Elsie Dreyer Nursing Home
273 Main St., Brookville 47012
Elsie Dreyer, Adm.

FULTON COUNTY

Canterbury Manor
R. R. 6, County Road 50 North, Rochester 46975
Helen Miller, Adm.

Miller Nursing Home
719 Madison St., Rochester 46975
Helen Miller, Adm.

National Nursing Home of Rochester
240 E. 18th St., Rochester 46975
Carole J. Paulik, R.N., Adm.

Rochester Nursing Home
1118 Main St., Rochester 46975
Gerald L. Eastburg, Adm.

GIBSON COUNTY

Duncan Wee Bonnie Rest Home
R. R. 1, Princeton 47570
Semira D. Fishman, Adm.

Forest Del Convalesent Home
1020 W. Vine St., Princeton 47570
Kenneth Maikranz, Adm.

Good Samaritan Home Inc.
210 N. Gibson St., Oakland City 47560
Hovey Hedges, Adm.

****Holiday Manor, Inc.**
305 Carol Ave., Princeton 47570
Floyd Jewell, Adm.

Oakland City Rest Home
114 Grove St., Oakland City 47560
Sarah J. Bernardi, Adm.

GRANT COUNTY

Calbert's Rose of Sharon, Inc.
204 N. Washington St., Marion 46952
Wanda Whitaker, Adm.

Ellen Hill Home, Inc.
710 W. Third St., Marion 46952
Larry D. McKee, Adm.

Emily E. Flinn Home, Inc.
615 W. 12th St., Marion 46952
Rev. George L. Florence, Adm.

Friendly Home of the Convalescent, Inc.
P.O. Box 153, Fowlerton 46930
Ralph C. DeGolyer, Adm.

Friendship Heights Rest Home
704 S. Main St., Fairmount 46928
Addie M. Bryant, L.P.N., Adm.

Golden Age Nursing Home
1800 Kem Rd., Marion 46952
Bernie Winkle, Adm.

****River-View Manor Convalescent and Rehabilitation Center, Inc.**
221 N. Washington, Marion 46952
Ronald Brown, Adm.

****Wesleyan Nursing Home**
518 W. 36th St., Marion 46952
Carl T. Speaks, Adm.

GREENE COUNTY

Bloomfield Nursing Center
150 N. Seminary St., Bloomfield 47424
Norman Nierste, Adm.

Glenburn Rest Haven
Glenburn Rd., R. R. 1, Linton 47441
Nola D. Yoder, L.P.N., Adm.

HAMILTON COUNTY

Arcadia Rest Home
405 S. East St., Arcadia 46030
Joe and Marguerite Henderson, Adms.

Hamilton Rest Home
15755 Allisonville Rd., Noblesville 46060
Mary McKinley, Adm.

Lakeview Guest Home
R. R. 1, Box 15, Carmel 46032
Seth and Sara Wells, L.P.N., Adms.

Maple Park Health Manor
R. R. 1, Westfield 46074
Carl Tracy, Pat Langley, R.N., and E. R. Edwards, Adms.

National Nursing Home of Noblesville
1791 Greenfield Pike, Noblesville 46060
Myrna Conant, R.N., Adm.

Rollins Home for Retarded Children
69 N. Harrison St., Cicero 46034
Emerson C. Harvey, Jr., M.D., Adm.

Sheridan Rest Home, Inc.
903 Sheridan Ave., Sheridan 46069
Robert and Eileen Higgins, L.P.N., Adms.

****Turtle Creek Convalescent Centre-Noblesville**
295 Westfield Rd., Noblesville 46060
Kathleen Kelly, R.N., Adm.

Walston Home for Retarded Children
N. Peru St., Cicero 46034
Martha Walston, L.P.N., Adm.

HANCOCK COUNTY

Golden Rule Rest Home
R. R. 12, Box 403, Indianapolis 46236
Emily P. Beck, L.P.N., Adm.

Model A Nursing Home
R. R. 5, Greenfield 46140
Jesse and Lavon Beeson, Adms.

Park Riley Nursing Home
1310 E. Main St., Greenfield 46140
Irene C. Williams, R.N., Adm.

****Twinbrook, Inc.**
R. R. 7, Box 13, Greenfield 46140
Kenneth R. Smith, Adm.

Wood Nursing Home
14 N. Wood St., Greenfield 46140
Hazel E. Wood, L.P.N., Adm.

HENDRICKS COUNTY

Golden Rule Nursing Home
St. Rd. 36 East, Danville 46122
Robert and Ethel Petree, Adms.

Hendricks County Home
865 E. Main, Danville 46122
Edna O. Anderson, Adm.

National Nursing Home of Danville
337 W. Lincoln St., Danville 46122
Sondra Rexing, R.N., Adm.

Vinewood Nursing Home
404 North Vine St., Plainfield 46168
Stephen Snyder, Adm.

HENRY COUNTY

"The Boxwoods" Nursing Home
115 N. 10th St., New Castle 47362
Lula M. Haynes, L.P.N., Adm.

Henry County Home
N. Memorial Dr., New Castle 47362
Fred Glad, Adm.

****Heritage House, Inc., of New Castle, Ind.**
1023 N. 20th St., New Castle 47362
Jim J. Walts, Adm.

Lewisville Hotel for Senior Citizens
U. S. 40, Lewisville 47352
Sarah Jones, Adm.

Middletown Nursing Home
130 S. 10th St., Middletown 47356
Robert I. Clevenger, Adm.

National Nursing Home of New Castle
901 N. 16th St., New Castle 47362
Margaret Joyce Kidd, R.N., Adm.

New Hope Nursing Home
Lewisville 47352
Robert W. and Charlotte Baird, Adms.

Resthaven
420 S. Main St., New Castle 47362
Elizabeth Griggs, L.P.N., Adm.

HOWARD COUNTY

****Americana Nursing Center of Kokomo**
3524 S. Lafountain St., Kokomo 46901
John Huber, Adm.

Harrell's Boarding House
708 N. Main St., Kokomo 46901
June Harrell, Adm.

Lucy Cole Nursing Home
332 W. Markland, Kokomo 46901
Lucy Cole, L.P.N., Adm.

Samaritan Home of Kokomo, Inc.
513 East Vaile Ave., Kokomo 46901
Sister Raphael, Adm.

****Windsor Estates of Kokomo**
429 Lincoln Rd. W., Kokomo 46901
Alice Fox, R.N., Adm.

HUNTINGTON COUNTY

****Friendly Nursing Home, Inc.**
1500 Grant St., Huntington 46750
Thomas H. Kramer, Adm.

Huntington County Home
R. R. 5, Huntington 46750
Ben Thompson, Adm.

Methodist Memorial Home for the Aged, Inc.
Warren 46792
Philip Souder, Adm.

Roanoke Nursing Home, Inc.
743 N. Main Street, Roanoke 46783
Norman L. Savage, Adm.

Continued

Town & County Nursing Home
R. R. 8, Huntington 46750
Donald E. and Marlene Barna, R.N., Adms.

JACKSON COUNTY

****Jackson Park Convalescent Center, Inc.**
707 Jackson Park Dr., Seymour 47274
Richard C. Schriever, Adm.

Kaley's Nursing Home
202 W. Sixth St., Seymour 47274
Marcia Kaley, Adm.

****Lutheran Community Home**
Box 462, 111 W. Church Ave., Seymour 47274
Gary T. Hermanson, Adm.

JASPER COUNTY

Jasper County Home
R. R. 3, Rensselaer 47978
Fred Hall, Adm.

Remington Rest Home
Illinois and Minnesota Sts., Remington 47977
Birdella N. Sullivan, Adm.

JAY COUNTY

Parkwood Convalescent Home
High and Park Sts., Portland 47371
Pearl B. Harty, Adm.

Portland Nursing Home
406 W. Arch St., Portland 47371
Mary Ellen Hearn, Adm.

JEFFERSON COUNTY

****Hanover Nursing Home**
S. R. 56 W., Hanover 47243
Ann Breitenbach, R.N., Adm.

Mayfield Nursing Home
402-410 Elm St., Madison 47250
George and Charlotte Mayfield, Adms.

Mayfield's Retirement & Nursing Home
618 E. Second St., Madison 47250
James and Rosalyn Mayfield, Adms.

JENNINGS COUNTY

Johnson's Convalescent Home
113 E. Jackson, North Vernon 47265
Gladys Johnson, Adm.

Ritz Nursing Home
Box 42, Scipio 47273
Nona Ritz, Adm.

JOHNSON COUNTY

Faith Home
P. O. Box 218, Edinburg 46124
Raymond C. Brown, Adm.

Franklin United Methodist Home
1070 W. Jefferson, Franklin 46131
Rev. John M. Fall, Adm.

Greenwood Hilltop Nursing Home
R. R. 2, Fry Rd., Greenwood 46142
Violet VanSickle, Adm.

Indiana Masonic Home
Franklin 46131
Roy O. Turner, Adm.

Janie's Nursing Home
651 S. State St., Franklin 46131
Rosemary Stewart, R.N., Adm.

Johnson County Home
R. R. 1-B, Franklin 46131
Albert Bundy, Adm.

The Welcome Nursing Home
1109 N. Main St., Franklin 46131
Stephen J. Snyder, Adm.

****Westminster Village**
U.S. 31 South, Greenwood 46142
Rev. William L. Williams, Adm.

KNOX COUNTY

Beverly Manor Convalescent Center
1321 Willow St., Vincennes 47591
Margie Morris, Adm.

****Crestview Home**
Box 237, Old Bruceville Rd., Vincennes 47591
Gerald W. Thornberry, Adm.

Freelandville Community Home, Inc.
Freelandville 47535
Lorena Walters, R.N., Adm.

Moore's Nursing Home, Inc.
204 W. Third St., Bicknell 47512
Ernest P. and Barbara J. Moore, Adms.

****Vincennes Nursing Home**
1202 S. 16th St., Vincennes 47591
Joe Junod Sr. and Fern Junod, Adms.

KOSCIUSKO COUNTY

****Alfran Nursing Home**
2501 E. Center St., Warsaw 46580
Frank N. Wilson, Adm.

****Miller's Merry Manor**
P.O. Box 387, County Farm Rd., Warsaw 46580
Wallace T. and Enid L. Miller, R.N., Adms.

Orn Nursing Home
North Main St., Milford 46542
Mrs. Dale Stump, Adm.

Pierceton Nursing Home
Indiana and Main Sts., Pierceton 46562
Elson Wilson, L.P.N., Adm.

Prairie View Rest Home, Inc.
300 Prairie St., Warsaw 46580
James and Charlene Bradbury, Adms.

LAGRANGE COUNTY

Marks' Nursing Home
R. R. 1, LaGrange 46761
Marie B. Marks, Adm.

Miller Nursing Home
2301 Adams St., Gary 46407
Ida Miller Walker, Adm.

Mills Rest Home
5011 Maryland St., Gary 46409
John P. and Audrey Mills, Adms.

****Ross Care Center**
601 W. 61st Ave., Gary 46408
Reginald E. Brown, Adm.

St. Anthony's Rest Home
201 Franciscan Rd., Crown Point 46307
Sister Mary Mildred, Adm.

Shady Heights Nursing Home
R. R. 1, Box 46, Dyer 46311
Faye McGuire, L.P.N., Adm.

Simmons Loving Care Health Facility
700 E. 21st Ave., Gary 46407
Anna L. Simmons, Adm.

West End Nursing Home, Inc.
1501 Wheeler St., Gary 46406
Henderson D. Hall, Adm.

West Side Nursing Home
829 W. Third Ave., Gary 46402
Stuart Primack, Adm.

Wildwood Manor, Inc.
1964 Clark Rd., Gary 46404
George Walker, Adm.

Willowdale Convalescent Home
10406 Jennings Pl., Crown Point 46307
Donald D. DuSold, M.D., Adm.

LAKE COUNTY

Colonial House, Inc.
119 N. Indiana Ave., Crown Point 46307
Marjorie Baker, Adm.

East Side Family Services, Inc.
1948 Massachusetts St., Gary 46407
Tomye D. Calloway, L.P.N., Adm.

Fuchs' Nursing Home, Inc.
255 Burnham St., Lowell 46356
Barbara H. and Phyllis Fuchs, Adms.

Gary Convalescent Home, Inc.
386 Mount St., Gary 46406
Joseph Shapiro, M.D., Adm.

Great Oaks Nursing and Convalescent Home
R. R. 1, Box 30, Cedar Lake 46303
Daniel R. T. Davis, Adm.

Green's Geriatric Health Center
2052 Delaware St., Gary 46407
Benjamin J. Green, Adm.

Green's Home
3960 Massachusetts St., Gary 46409
Leonard D. and Lena J. Odum, Adms.

Jayne Bryant Nursing Home
P. O. Box 166, Crown Point 46307
Ellen Jayne Bryant, Adm.

Lake County Convalescent Home
114 County Road O, Crown Point 46307
Joseph J. Kish, Adm.

Woodmar Nursing Home
6727 Baring Ave., Hammond 46324
Geraldine Wiseley, Adm.

LAPORTE COUNTY

****Anderson Sanitarium, Inc.**
1702 I St., LaPorte 46350
S. H. Perkins, Adm.

Beach Cliff Lodge Nursing Home
1001 Lake Shore Dr., Michigan City 46360
Theodore Moss, Adm.

Lakeside Convalescent-Nursing Home, Inc.
802 Highway 20, East, Michigan City 46360
Norman Rust, Adm.

Private Care Home
602 Spring St., Michigan City 46360
Roger J. Schofield, Adm.

****Red Oaks Home**
910 S. Carroll Ave., Michigan City 46360
Betty Anderson, R.N., Adm.

Stites Home, Inc.
R.R. 6, Box 142, LaPorte 46350
J. McClellan Hertle, Adm.

Waterford Nursing Home
R. R. 3, Box 319, Michigan City 46360
Thomas L. and Mary E. Poffenberger, Adms.

LAWRENCE COUNTY

Blackburn Rest Home
519 H St., Bedford 47421
Stella J. Blackburn, Adm.

Greystone Residence Center
North Side of Square, Bedford 47421
Richard L. Schultheis, M.D., Adm.

****Hospitality House**
2122 Norton Lane, Bedford 47421
Lee J. Marchant, Adm.

MADISON COUNTY

****Americana Nursing Center of Anderson**
1345 N. Madison Ave., Anderson 46011
Mrs. Lee Moore, R.N., Adm.

Bradford Nursing Home
625 W. Adams St., Alexandria 46001
Alma Bradford, Adm.

****Convalescent Centre of Anderson, Inc.**
1809 N. Madison Ave., Anderson 46012
James Dickey, Adm.

Dickey Nursing Home
220 N. Ninth Street, Elwood 46036
Louise Dickey, L.P.N., Adm.

****Dickey Nursing Home, Inc.**
1007 N. 9th, Elwood 46036
Rev. Max Bingham, Adm.

Goble Home
332 W. 11th St., Anderson 46016
Oran and Olive Goble, Adms.

New Haven Nursing Home
1023 E. Eighth St., Anderson 46012
Josephine Wade, L.P.N., Adm.

Rahbek Nursing Home
711 W. Fifth St., Anderson 46016
Juanita Bucker, Adm.

****Rolling Hills Skilled Nursing Center, Inc.**
1821 Lindburg Rd., Anderson 46012
A. Wayne Johnson, Adm.

Westside Nursing Home
416 W. 12th St., Anderson 46016
Marian Webb, L.P.N., Adm.

The Willows
R. R. 2, Box 514C, Alexandria 46001
Marian E. Webb, L.P.N., Adm.

MARION COUNTY

Ada's Golden Age
2115 Central Ave., Indianapolis 46202
Keith F. Seal, Adm.

Alpha Home for Aged
1840 Senate Ave., Indianapolis 46202
Mrs. W. Lincoln Murphy, Adm.

Altenheim of Indianapolis
2007 N. Capitol Ave., Indianapolis 46202
Elizabeth L. Myers, Adm.

****Americana Nursing Center Of Indianapolis**
5600 E. 16th St., Indianapolis 46218
Edward A. Ross, Jr., Adm.

****Americana Nursing Center of Indianapolis, Midtown**
2012 N. Capitol Ave., Indianapolis 46202
Archer Cogil, Adm.

Anthony Hall Nursing Home
2135 N. Alabama St., Indianapolis 46204
Stephen J. Snyder, Adm.

The Barton House
505 N. Delaware, Indianapolis 46204
Thelma L. Davila, R.N., Adm.

Continued

NURSING HOMES
Continued

Bel-Terrace Nursing Home
1629-33 N. College Ave., Indianapolis 46202
Stephen J. Snyder, Adm.

Booker-Watts Annex Nursing Home
1445 Broadway, Indianapolis 46202
Geneva Watts, Adm.

Booker-Watts Nursing Home
2523 Central, Indianapolis 46205
Geneva Watts, Adm.

****Borinstein Home for the Aged, Inc.**
3516 Central Ave., Indianapolis 46205
Bill Newman, Adm.

Chateau de Repos, Inc.
5025 W. 52nd St., Indianapolis 46254
Doris E. Stuart, L.P.N., Adm.

****Colonial Crest Nursing Center, Inc.**
7145 E. 21st St., Indianapolis 46219
Mark Hasten, Adm.

****Colonial Crest Nursing Home**
7149 E. 21st St., Indianapolis 46219
Hart N. Hasten, Adm.

Community "Emerson" Nursing Home, Inc.
3420 N. Emerson Ave., Indianapolis 46218
Nina Day Smith, R.N., Adm.

Community Nursing Home
4743 Southeastern, Indianapolis 46203
Lucile Toll, L.P.N., Adm.

Community South Meridian Nursing Home
2102 S. Meridian St., Indianapolis 46225
Bette Wommack, R.N., Adm.

Community West 38th St. Nursing Home
5435 W. 38th St., Indianapolis 46224
Ruth Abraham, R.N., Adm.

Conner Nursing Home
1408 N. Pennsylvania St., Indianapolis 46202
Lucy V. Conner, Adm.

****Continental Nursing Home**
344 S. Ritter, Indianapolis 46219
Hart N. Hasten, Adm.

Crestview Manor Nursing Home
1118 East 46th St., Indianapolis 46205
Alberta Nickler, R.N., Adm.

Del Mar Nursing Home, Inc.
709 Lynhurst Dr., Indianapolis 46224
Helen J. Harbison and Alice K. Jackson, Adms.

Evangelistic Center, Inc.
3518 Shelby St., Indianapolis 46227
Rev. Jerry I. Painter, Adm.

Frame Nursing Home
373 N. Holmes Ave., Indianapolis 46222
M. Samantha Frame, Adm.

Garfield Park Nursing Home
2605 Shelby Street, Indianapolis 46203
Thelma Vandervort, L.P.N., Adm.

Garfield Park Nursing Home #2
2620 N. Keystone Ave., Indianapolis 46203
Thelma B. Vandervort, L.P.N., Adm.

Garner's Nursing Home
1429 Carrollton Ave., Indianapolis 46202
Elizabeth Garner, Adm.

****Greenview Manor, Inc.**
1700 N. Illinois St., Indianapolis 46202
Keith Phillipps, Adm.

Heritage Nursing Home
8935 E. 46th St., Indianapolis 46226
Mary Jane Nicewander, R.N., Adm.

Hillside Nursing Home
3405 N. Ralston, Indianapolis 46218
Bennie Mason, Adm.

Hooverwood
7001 Hoover Rd., Indianapolis 46260
M. Bill Newman, Adm.

Independent Living Club
6038 W. 25th St., Indianapolis 46224
Robert Roland, Adm.

Indianapolis Home for the Aged, Inc.
1731 N. Capitol Ave., Indianapolis 46202
Angela Rady, Adm.

****Lakeview Manor, Inc.**
125 Beachway Dr., Indianapolis 46224
Rev. Paul Ade, Adm.

Lynhurst Nursing Home, Inc.
5225 W. Morris St., Indianapolis 46241
James E. Hill, Sr., and Ethel L. M. Eldridge, Adms.

McKenzie Convalescent Home
2926 N. Capitol Ave., Indianapolis 46208
James McKenzie, Adm.

Mabel S. Waddle Private Nursing Home
2112 N. Delaware, Indianapolis 46202
Stephen J. Snyder, Adm.

****Marion County Home**
11850 Brookville Rd., Indianapolis 46239
Robert F. Oldham, Adm.

Mayfair Home
3240-42 Washington Blvd., Indianapolis 46205
Mr. and Mrs. John Leech, Adms.

Midland House, Inc.
3302 Washington Blvd., Indianapolis 46205
Peter Shields, Adm.

Northside Nursing Home
2037 N. Illinois St., Indianapolis 46202
Margaret James, Adm.

****Northwest Manor Nursing Home**
6440 West 34th St., Indianapolis 46224
Joseph Henderson, Adm.

Parkview Manor Nursing Home
2424 E. 46th St., Indianapolis 46205
Vivian D. Harris, Adm.

Payne and Miller Rest Home
1335 Nordyke Ave., Indianapolis 46221
Opal Payne, Adm.

Pleasant View Rest Home
5000 Southeastern Ave., Indianapolis 46203
C. O. Rader, Adm.

St. Augustine Home for the Aged
2345 W. 86th St., Indianapolis 46260
Sister Angele, Mother Superior, Adm.

St. Paul Baptist Church Home for the Aged
1141-45 N. Sheffield Ave., Indianapolis 46222
Rev. C. J. Dailey, Adm.

St. Paul Hermitage
501 N. 17th St., Beech Grove 46107
Sister Rosemary Braun, O.S.B., Adm.

Sarah's Nursing Home
3208 N. Sherman Dr., Indianapolis 46218
Sarah Hill and Dorothy Morrison, Adms.

Springer Health Facility
6566 W. Washington St., Indianapolis 46241
Robert and Leona Kenworthy, Adms.

T. Wray Nursing Home
1812 Central, Indianapolis 46202
Thelma F. Wray, L.P.N., Adm.

Three Sisters Nursing Home
6130 Michigan Rd., Indianapolis 46208
Mamie Beamon, Adm.

****Turtle Creek Convalescent Centre—East**
1302 N. Lesley Ave., Indianapolis 46219
Ernest Medcalfe, Jr., Adm.

Turtle Creek Convalescent Center —South
525 E. Thompson Rd., Indianapolis 46227
William K. Senteney, Adm.

****Turtle Creek Convalescent Centre Southeast, Inc.**
2002 Albany Ave., Beech Grove 46107
J. L. Huffer, Adm.

Weber Convalescent Home
43 S. Ritter Ave., Indianapolis 46219
C. O. Rader, Adm.

MARSHALL COUNTY

Fairview Nursing Home
Route 4, Plymouth 46563
Thomas Beam, Adm.

Marshall County Home
R. R. 5, Plymouth 46563
Loren D. Decker, Adm.

****Miller's Merry Manor, Inc.**
600 W. Oakhill Ave., Plymouth 46563
V. Richard Miller, Adm.

Myers Nursing Home
R. R. 3, Box 159, Bremen 46506
Pearl Myers, L.P.N., Adm.

****Pilgrim Manor Rehabilitation and Convalescent Center**
222 Parkview St., Plymouth 46563
G. Dean Byers, Adm.

Plymouth Nursing Home
1029 W. Jefferson St., Plymouth 46563
Marie Nier, R.N., Adm.

R.N. Nursing Home
R. R. 1, Walkerton 46574
Laura M. Hathaway, R.N., Adm.

T.L.C. Nursing Home
145 S. Michigan, Argos 46501
Mildred E. Bennett, R.N., Adm.

MARTIN COUNTY

Valley View Rest Home
R. R. 4, Loogootee 47553
Homer E. Robertson and Lillian Frye, Adms.

MIAMI COUNTY

****Friendly Nursing Home, Inc.**
317 Blair Pike, Peru 46970
Donald F. Kopis, Adm.

Miami County Home
R. R. 5, Peru 46970
John D. Cole, Adm.

The Miami Home
77 E. Third St., Peru 46970
H. Lucille McDaniel, Adm.

National Nursing Home of Peru
390 West Blvd., Peru 46970
Loretta Topper, Adm.

Sherwood House Nursing Home, Inc.
906 W. Main St., Peru 46970
Leona M. Watts, Adm.

MONROE COUNTY

Arbutus Rest Home
R. R. 2, Box 46, Bloomington 47403
Hazel Hall, Adm.

****Hospitality House, Inc.**
1100 S. Curry Pike, Bloomington 47401
Fred J. Ponton, Adm.

MONTGOMERY COUNTY

Ben Hur Home
1375 S. Grant, Crawfordsville 47933
G. Fred Cowan, L.P.N., Adm.

Bowles Convalescent Home, Inc.
1304 S. Grant Ave., Crawfordsville 47933
Richard Bowles, L.P.N., and Myra Bowles, Adms.

Carmen Nursing Home
817 N. Whitlock Ave., Crawfordsville 47933
Cline Harbison, Adm.

Golden Manor Nursing Home
1001 E. Main St., Ladoga 47954
James R. and Opal I. Gephart, Adms.

Hazel Small Rest Home
N. Vine St., Waynetown 47990
Sarah Small, Adm.

Westbrook Nursing Home, Inc.
R. R. 9, Crawfordsville 47933
Roland D. West, Adm.

MORGAN COUNTY

Cherry Nursing Home
60 E. Harrison St., Martinsville 46151
Zepha Cherry, Adm.

Henderson Nursing Home
214 Washington St., Morgantown 46160
Joe and Marguerite Henderson, Adms.

Kennedy Memorial Christian Home
210 W. Pike St., Martinsville 46151
W. Dean Mason, Adm.

Morgan County Home
190 S. Main St., Martinsville 46151
Earl B. Fletcher, Adm.

Pleasant Hills Nursing Home
E. Columbus St., Martinsville 46151
Merrill St. John, Adm.

NEWTON COUNTY

Kentland Kare Home
102 E. Carroll St., Kentland 47591
B. F. and Helen M. Borman, R.N., Adms.

NOBLE COUNTY

Kneipp Springs
Rome City 46784
Sister Mary Josina, Adm.

Linville Boarding Home
518 E. Diamond, Kendallville 46755
Weltha Linville, Adm.

Luckey Memorial Nursing Home
Highways #33 & #109, Wolflake 46796
Joan L. Roth, R.N., Adm.

Lutheran Homes, Inc.
612 E. Mitchell, Kendallville 46755
Fred L. Nieno, Adm.

Continued

NURSING HOMES
Continued

Sacred Heart Home
R. R. 2, Avilla 46710
Sister M. Dolorita, R.N., Adm.

OHIO COUNTY

Rising Sun Nursing Home
Rio Vista Ave., Rising Sun 47040
Howard Goodman, Adm.

ORANGE COUNTY

Gorge Nursing Home, Inc.
R. R. 2, French Lick 47432
Gertrude Haynes, R.N., and Mrs. Gene Haneline, Adms.

National Nursing Home of Paoli
111 W. Hospital View Rd., Paoli 47454
Kay L. Barker, R.N., Adm.

OWEN COUNTY

Donna Nursing Home #2
R. R. 2, Spencer 47460
Norman S. Tirsway, Adm.

Gosport Nursing Home, Inc.
South Seventh St., Gosport 47433
Leland S. Lynch, Adm.

Owen County Home
R. R. 3, Spencer 47460
Ruthie Gray, Adm.

PARKE COUNTY

Castle Shannon Nursing Home
P.O. Box 99, Rockville 47872
Lois McGrannahan, R.N., Adm.

Friendship House Nursing Home
South Main St., Box 58 Bloomingdale 47832
Darrell H. Bishop, Adm.

Parke County Nursing Home
R. R. #2, Rockville 47872
Margaret, Gerald and Dale Ball, Adms.

PERRY COUNTY

****Lincoln Hills Nursing Home, Inc.**
19th and Pestalozzi, Tell City 47586
C. Bayless Conley, Adm.

PIKE COUNTY

****Holiday Home**
Pike Ave., Petersburg 47567
Kenneth I. Dunigan, Adm.

PORTER COUNTY

Beverly Shores Nursing Home, Inc.
Beverly Shores 46301
John W. Bragg, Adm.

****Evergreen Park Nursing and Convalescent Home**
State Rd. 49 and LaPorte, Valparaiso 46383
John Blenke, Adm.

Whispering Pines Home for Senior Citizens
N. Calumet Rd., Valparaiso 46383
Rev. James E. Fidler, Adm.

POSEY COUNTY

Allison Nursing Home
Locust St., Poseyville 47633
Lula Allison, Adm.

The Charles Ford Memorial Home
920 S. Main St., New Harmony 47631
Kathryn Bauer, Adm.

Merimac Nursing Home
P.O. Box 275, Cynthiana 47612
Jane Carney, Adm.

Valley Rest Home
1415 Country Club Rd., Mount Vernon 47620
Donna Rose, L.P.N., Adm.

PUTNAM COUNTY

Asbury Towers
102 W. Poplar St., Greencastle 46135
Rev. Otis L. Collier, Adm.

Donna Nursing Home
Main St., Cloverdale 46120
Norman S. Tirsway, Adm.

Eventide Rest Home
1306 S. Bloomington St., Greencastle 46135
Joyce Masters, R.N., Adm.

Putnam County Home
R. R. 3, Greencastle 46135
George H. Gentry, Adm.

Ruark Nursing Home
R. R. 1, Fillmore 46128
Elsie C. Ruark, Adm.

Sunset Manor Nursing Home
1109 S. Indiana St., Greencastle 46135
Jack L. Cross, Adm.

RANDOLPH COUNTY

Parrott's Home
304 W. Sherman St., Lynn 47355
Willis R. and Mary Maxine Parrott, Adms.

RIPLEY COUNTY

Davis Nursing Home
S. Main St., Sunman 47041
Eugene Davis, Adm.

Gilland Nursing Home
310 Cravens St., Osgood 47037
Mildred Gilland, Adm.

Health and Hospitality Center
Carr St., Milan 47031
Jon W. Kohlmeier, Adm.

Manderley Nursing Home
546 Wilson St., Osgood 47037
Charles F. Negangard, Adm.

Manderley Nursing Home #2
120 E. Ripley St., Osgood 47037
Charles F. Negangard, Adm.

Schwing Nursing Home
R. R. 1, Sunman 47041
Donald J. Schwing, Adm.

Silver Bell Nursing Home
Highway 421, South, Versailles 47042
Walter Bradley, Jr., Adm.

RUSH COUNTY

Gorman's Rest Home
Railroad St., Milroy 46156
Thomas and Elizabeth Gorman, Adms.

Hillside Haven
424 North Perkins St., Rushville 46173
Mary Todd, R.N., Adm.

Holiday House
114 E. Fifth St., Rushville 46173
Inez Austerman, Adm.

****Jackson Nursing Home**
612 E. 11th St., Rushville 46173
Marjorie Pearsey, L.P.N., Adm.

Rowland's Nursing Home
230 E. Seventh St., Rushville 46173
Willard Rowland, L.P.N., and Nora Lee Rowland, Adms.

ST. JOSEPH COUNTY

****Cardinal Nursing Home, Inc.**
118 S. Williams St., South Bend 46601
Thomas E. Squibb, Adm.

**Carlyle Nursing Home
5024 N. Western Ave., South Bend 46625
Vincent Ruffolo, R.N., Adm.

Cedar Crest Manor
109 N. Cedar, Mishawaka 46544
Thomas E. Squibb, Adm.

Dodge Home for Old People
318 E. Third St., Mishawaka 46544
Eileen McMillan, Adm.

Dor-A-Lin, Inc.
1024 N. Notre Dame Ave., South Bend 46617
Edward L. Finkenbinder, Adm.

Dujarie House
1801 Michigan St., Notre Dame 46556
Brother Frederick P. Raehsler, R.N., Adm.

**Farris Lombardy Home
141 S. Lombardy Dr., South Bend 46619
Samuel M. and Helen H. Farris, Adms.

Farris Nursing Home #2
1044 Lincolnway West, South Bend 46616
Samuel M. and Helen H. Farris, Adms.

**Golden Age Manor Corporation
811 East 12th St., Mishawaka 46544
Gloria McCullough, Adm.

Haven Hubbard Memorial Home
New Carlisle 46552
Mearl L. Dustin, Adm.

Holy Cross House
Douglas Rd., Notre Dame 46556
Rev. Charles J. Corcoran, Adm.

Melrose Manor
601 S. Russell St., Mishawaka 46544
Eunice Turner, L.P.N., Adm.

Morningside Nursing Home, Inc.
18325 Bailey Ave., South Bend 46637
Pauline Locks, R.N., Adm.

**Ridgedale Nursing Home
1950 E. Ridgedale Rd., South Bend 46614
Margaret L. Nichols, Adm.

River Park Nursing Home #1
2706 Wall St., South Bend 46615
Thomas E. Squibb, Adm.

River Park Nursing Home #2
915 27th St., South Bend 46615
Thomas E. Squibb, Adm.

Robert P. and Clara I. Milton Home, Inc.
206 E. Marion St., South Bend 46601
Mrs. T. E. Mauch, Adm.

St. Joseph County Home
53308 Portage Rd., South Bend 46628
Joseph W. Snyder, Adm.

Walkerton Nursing Home
500 Roosevelt Road, Walkerton 46574
Roy and Ruth DeSimone, Adms.

Wilton Rest Home
25419 St. Rt. 2, South Bend 46619
William Grzywinski, Adm.

SCOTT COUNTY

Roe-Seal Memorial Home
Englishton Park, Lexington 47138
Russell R. Byers, Adm.

Shalom Convalescent and Nursing Home
Highway 31 South, Scottsburg 47170
William and Virginia Lippert, R.N., Adms.

SHELBY COUNTY

Ace Placid Home
R. R. 1, Fairland 46126
Dewey F. Murphy, Adm.

Conover Rest Home
Box 311, Morristown 46161
Charles Conover, Adm.

**The Heritage House Convalescent Center
2309 S. Miller St., Shelbyville 46176
Robert Norman, Adm.

Waldron Nursing Home
Box 95, Waldron 46182
Kathleen L. Kuhn, Adm.

SPENCER COUNTY

Golden Circle Nursing Center
Highway 68 West, Dale 47523
Donald R. and O. Jane Thomason, Adms.

Professional Care Nursing Home
Dale 47523
Emma Lou Woolard, Adm.

Rockport Nursing Center, Inc.
815 Washington St., Rockport 47635
Donald R. and O. Jane Thomason, Adms.

Spencer County Home
R. R. 1, Rockport 47635
James T. Vaughn, Adm.

STARKE COUNTY

Knox Nursing Home
302-306 Culver St., Knox 46534
Kenneth Crowel, Adm.

**Little Company of Mary Health Facility, Inc.
Route 421, San Pierre 46374
Sister Margaret Mary Doherty, R.N., Adm.

STEUBEN COUNTY

Edith Nursing Home
116 Powers St., Angola 46703
Helen Taylor, Adm.

National Nursing Home of Angola
600 N. Williams St., Angola 46703
Marcile R. Moor, R.N., Adm.

Steuben County Rest Home
R. R. 3, Angola 46703
Marshall Coler, Adm.

SULLIVAN COUNTY

Sullivan County Home
R. R. 5, Sullivan 47882
Mr. and Mrs. Kenneth Engle, Adms.

**Sullivan Nursing Home
W. Wolfe St., Sullivan 47882
O. R. and Mary J. Blubaugh, Adms.

SWITZERLAND COUNTY

Jackson's Senior Citizens Home
501 West Pike St., Vevay 47043
Harry B. and Peggy Jackson, Adms.

TIPPECANOE COUNTY

**Americana Nursing Center of Lafayette
2201 Cason St., Lafayette 47901
Richard Linson, Adm.

Comfort, Inc.
312 N. Eighth St., Lafayette 47901
Allen C. Campbell, Adm.

Continued

NURSING HOMES

Indiana Knights of Pythias Home
1501 South 18th Street, Lafayette 47905
Ray C. Haley, Adm.

Lafayette Care, Inc.
3400 Soldiers Home Rd., W. Lafayette 47906
J. Wilborn Garrison and Marjorie Marquess, Adms.

Laura M. Bowles Convalescent Home
147 Ford St., Clarks Hill 47930
Laura M. Bowles, L.P.N., and Laura L. Peterson, Adms.

Lesley Nursing Home
Buck Creek 47924
Rosina Lesley, Adm.

Tippecanoe County Home
R. R. 1, Lafayette 47901
Charles and Dorothy Haan, Adms.

TIPTON COUNTY

The Higgins Home
R. R. 1, St. Rd. 19, Tipton 46072
Robert D. and Eileen G. Higgins, L.P.N., Adms.

Holtsclaw Nursing Home
119 W. Washington St., Tipton 46072
Margaret Holtsclaw, Adm.

Tipton County Home
R. R. 1, Tipton 46072
Lester Dodd, Adm.

UNION COUNTY

Park Nursing Home, Inc.
409 E. Union St., Liberty 47353
H. Elaine Stubbs, R.N., Adm.

VANDERBURGH COUNTY

Agnes Hawes Boarding Home for the Aged
408 N. Third Ave., Evansville 47710
Agnes Hawes, Adm.

Bethany Rest Home
316 N. Wabash Ave., Evansville 47712
Mary Bashear, Adm.

****Bethel Sanitarium, Inc.**
6015 Kratzville Rd., Evansville 47710
Louise Kuiken, R.N., Adm.

Bethel Sanitarium, Inc., Annex
5825 Kuiken Dr., Evansville 47710
Louise Kuiken, R.N., Adm.

Braun's Nursing Home
909 First Ave., Evansville 47710
Roy L. and Ruth H. Braun, L.P.N., Adms.

Christian Manor
923 S. Elliott St., Evansville 47710
Arthur J. Ebbott, Adm.

****Dellaren Extended Care Center**
816 North First Ave., Evansville 47710
Dorothy A. Arendell, Adm.

Evansville Protestant Home for the Aged
3701 Washington Ave., Evansville 47715
Helen E. Kinkle, Adm.

****Gertha's Nursing Home**
605 Oakley St., Evansville 47710
Richard Gossman, Sr., Adm.

Good Samaritan Home, Inc.
601 N. Boeke, Evansville 47711
N. R. Allsmiller, Adm.

****Holiday Home**
1201 W. Buena Vista Rd., Evansville 47710
Larry E. Dunigan, Adm.

M & R Nursing Home
1100 N. Read St., Evansville 47710
Mrs. Muriel Sprinkle, L.P.N., Adm.

Pine Haven Nursing Home
3401 Stocker Dr., Evansville 47712
Anita M. Stocker, R.N., Adm.

Quality Care Home
807 S.E. Third St., Evansville 47713
David T. Dennis, Adm.

Rathbone Memorial Home for Aged and Infirm Persons
1320 S. E. Second St., Evansville 47713
Lois Leeson, R.N., Adm.

****Regina Pacis Home**
3900 Washington Ave., Evansville 47715
Sister Juliana Beuerlein, Adm.

****Robert's Nursing Home**
2819 N. St. Joseph Ave., Evansville 47712
Robert Burton, L.P.N., Adm.

St. John and St. Gertrude Home for the Aged
1236 Lincoln Ave., Evansville 47714
Sister Marie Caroline, Adm.

****Turtle Creek Convalescent Center of Evansville**
4301 Washington Ave., Evansville 47715
Randy Hammer, Adm.

Vanderburgh County Home
700 Senate Ave., Evansville 47711
Jack Harness, Adm.

VERMILLION COUNTY

The Ivy Haven Home
232 Ash St., Clinton 47842
Lena M. Gruelich, Adm.

Layman Nursing Home
432 S. Fifth St., Clinton 47842
Mildred Layman, Adm.

VIGO COUNTY

Allendale Nursing Home
1912 Woodsmall Rd., Terre Haute 47802
Lucille McCoskey, L.P.N., Adm.

Brandon Residence for Elderly People
220 N. Fourth St., Terre Haute 47807
Margaret L. Cates, Adm.

Clara Fairbanks Home for Aged Women, Inc.
721 Eighth Ave., Terre Haute 47804
Ann F. Becherer, R.N., Adm.

Ewing Nursing Home
504 S. 15th St., Terre Haute 47807
Mary C. Ewing, R.N., Adm.

Ledgerwood Home
43 S. 20th St., Terre Haute 47803
Norma Jean Ledgerwood, Adm.

****Meadows Manor**
3300 Poplar St., Terre Haute 47803
Guy Belzile, B.A., R.P.T., Adm.

Sarah Dowling Home
1016 N. Sixth St., Terre Haute 47807
Daisy Clark, Adm.

Vigo County Home
3500 Maple Ave., Terre Haute 47804
Carl Koile, Adm.

Wallace Nursing Center
120 W. Margaret Ave., Terre Haute 47802
Evelyn Wallace, Adm.

Webster's Rest Home
513-15 North 14th St., Terre Haute 47807
Rachel Webster, Adm.

WABASH COUNTY

The Estelle Peabody Memorial Home
Seventh and Buffalo, North Manchester 46962
William Visser, Adm.

Friendly Nursing Home, Inc.
1420 Quaker Ave., Wabash 46992
Donald F. Kopis, Adm.

Pleasant View Nursing Home
R. R. 2, Wabash 46992
Mary K. Warner, R.N., and Daniel H. Miller, Adms.

****The Stratford House**
1035 Manchester Ave., Wabash 46992
Robert F. Woods, Adm.

Timbercrest-Church of the Brethren Home
East St., North Manchester 46962
Orville Sherman, Adm.

Vernon Manor for Children
1955 S. Vernon, Wabash 46992
Charlotte Miller, R.N., Adm.

WARREN COUNTY

Davis Boarding Home
R. R. #2, Covington 47932
John W. Davis, Adm.

Warren County Home
R. R. 1, Williamsport 47993
Ellsworth Beaman, Adm.

WARRICK COUNTY

Baker's Rest Haven
305 E. North St., Boonville 47601
Harold J. Baker, Adm.

****Monticello Manor**
S.E. Second St., Boonville 47601
Melvin H. White, Adm.

****Shady Rest Nursing Home**
Outer State Street, Chandler 47610
Pearl Bradfield, Adm.

WASHINGTON COUNTY

****Williams Convalescent Center, Inc.**
Homer and Anson Sts., Salem 47167
Wayne H. Williams, Adm.

WAYNE COUNTY

Echo Trail Nursing Home
R. R. 1, Box 237, Centerville 47330
Grace A. Hunt, Adm.

****Friends Fellowship Community, Inc.**
2030 Chester Blvd., Richmond 47374
James J. Boomgard, Jr., Adm.

Friendship Home
306 S. 10th St., Richmond 47374
Grace Flatley, Adm.

Glen Aire Nursing Home
2116 E. Main St., Richmond 47374
Eileen Singleton, L.P.N., Adm.

Golden Rule Nursing Home, Inc.
2001 U. S. 27, South, Richmond 47374
Betty S. Harper, L.P.N., Adm.

Good Will Nursing Home
500 W. Main, Cambridge City 47327
Grace Hunt, Adm.

****Heritage House of Richmond, Inc.**
2070 Chester Blvd., Richmond 47374
Sam M. Simmons, Adm.

Jenkins Hall
N. 10th St., Richmond 47374
M. Raymond Ferguson, Adm.

Mary E. Hill Nursing Home, Inc.
2308 Zoar Ave., Richmond 47374
Howard W. Alexander, Adm.

National Nursing Home of Richmond
2302 N. Chester Blvd., Richmond 47374
Alma L. Suhre, Adm.

Owens Convalescent Home
1811 S. Ninth St., Richmond 47374
Bonnie Owens, Adm.

Pinehurst Nursing Home
R. R. 1, Centerville 47330
Bonnie Esta Cole, Adm.

Twin Pines Nursing Home
Main St., Economy 47339
Elizabeth Johnson, Adm.

WELLS COUNTY

Cooper Rest Homes, Inc.
306 W. Wabash Ave., Bluffton 46714
John Cooper, Adm.

Davis National Nursing Home
1001 S. Clark Ave., Bluffton 46714
I. Helen Jackson, Adm.

Meadowvale Skilled Care Center
1529 W. Lancaster St., Bluffton 46714
Bernie Winkle and Donald Cheesman, Adms.

Southview Rest Home
R. R. 3, Box 306, Bluffton 46714
Cora N. Anderson, L.P.N., Adm.

WHITE COUNTY

Archibald Memorial Home for Aged Deaf
R. R. 2, Brookston 47923
Joseph S. Miller, Adm.

Lake Manor Nursing Home
R. R. 6, Monticello 47960
Robert and Ione Don, Adms.

Lake View Home
R. R. 6, Monticello 47960
Ora Rumple, Adm.

Monticello Nursing Home, Inc.
226 N. Illinois St., Monticello 47960
Gerald L. Eastburg, Adm.

WHITLEY COUNTY

Mary Farris Nursing Home
215 E. VanBuren, Columbia City 46725
Mary Farris, Adm.

Meadowbrook Manor
R. R. 1, Columbia City 46725
Waneta Crace, Adm.

Miller's Merry Manor, Inc.
710 W. Ellsworth St., Columbia City 46725
Wallace T. Miller, Adm.

National Nursing Home of Columbia City
522 N. Line St., Columbia City 46725
Louise Gerdes, R.N., Adm.

Poison Control Centers in Indiana

and Adjacent States

***** ATTENTION: Physicians, Hospitals and Poison Control Centers.**

Commencing July 1, 1965, Marion County General Hospital, Indianapolis, Indiana, will become the principal INFORMATION CENTER for the State of Indiana replacing that service provided by the Indiana State Board of Health. If you need help in determining the toxic ingredients in a "trade name product" or have a problem involving treatment of a poisoning case, please call MARION COUNTY GENERAL HOSPITAL, INDIANAPOLIS, INDIANA — 639-6671.

City	Name and Address	Telephone	Director
Anderson	St. John's Hickey Memorial Hospital 127 West 19th Street	643-3391, Ext. 82 or 35	William L. Stephens
Angola	Cameron Memorial Hospital, Inc. 416 E. Maumee	665-2141	Irene Kenyon, R.N.
Bedford	Dunn Memorial Hospital 1616 23rd Street	BRowning 5-3331, Ext. 32	Marshall S. Wallner
East Chicago	St. Catherine Hospital 4321 Fir Street	EXport 7-3080	Jack M. Troy, M.D.
Elkhart	Elkhart General Hospital 600 East Boulevard	JAckson 3-5350, Ext. 224	C. Richard Yoder, M.D.
Evansville	Protestant Deaconess Hospital 600 Mary Street	HArrison 4-8011, Ext. 247	Edward J. Wolfgang
Evansville	St. Mary's Hospital, Inc. 3700 Washington Avenue	GReenleaf 7-1541, Ext. 328	Kenneth Wilhelmus, M.D.
Evansville	Welborn Memorial Baptist Hospital, Inc. 412 S. E. Fourth Street	HArrison 3-3103 Ext. 336, 337	Charles L. Warner, M.D.
Fort Wayne	Parkview Memorial Hospital 2200 Randalia Drive	743-7341, Ext. 530	William O. Wissman
Fort Wayne	St. Joseph Hospital 730 West Berry Street	ANthony 4121, Ext. 2663	Miss Angeline Holbrook, R.N.
Frankfort	Clinton County Hospital 1300 S. Jackson Street	654-4451	Fred W. Flora, M.D.
Gary	Methodist Hospital of Gary, Inc. 1600 West 6th Avenue	882-9461, Ext. 709	Glen T. Dresher, R. N.

City	Name and Address	Telephone	Director
Goshen	Goshen General Hospital 200 High Park Avenue	KEystone 3-2141 (Emergency Room)	Willard S. Krabill, M.D.
Hammond	St. Margaret Hospital 25 Douglas Street	WEstmore 2-2300, Ext. 700	Herbert I. Arbeiter, M.D.
Indianapolis	*Marion County General Hospital 960 Locke Street	639-6671	John D. Miller, M.D.
Indianapolis	Methodist Hospital of Indiana, Inc. 1604 North Capitol Ave.	WAlnut 4-6411, Ext. 752, 753 or 754	Maxine Bush, R.N.
Indianapolis	St. Francis Hospital North 17th Avenue Beech Grove, Indiana	STate 7-3311	H. N. Grimes, M.D.
Kokomo	Howard Community Hospital 3500 S. Lafountain	GL 7-6611, Ext. 233, 234	Don E. Gillaspy
Lafayette	St. Elizabeth Hospital 1501 Hartford Street	SH 2-0221, Ext. 313 or 317	Sister M. Josita
West Lafayette	Purdue University Student Health Center	92-2446 Ext. 54	Loyal W. Combs, M.D.
LaGrange	LaGrange County Hospital R. R. #1	463-2144	Merle V. Rawson
Lebanon	Witham Memorial Hospital 1124 N. Lebanon Street	LEbanon 143 or 2447, Ext. 44	Thomas Dillon, D.O.
Madison	The King's Daughters' Hospital 112 Presbyterian Ave.	265-5211	Verlie Blanc, R.N.
Marion	Marion General Hospital Wabash and Euclid Avenue	NOrth 4-1228, Ext. 44	R. W. Schroeder, M.D.
Mishawaka	St. Joseph Hospital 215 West 4th Street	BLackburn 9-1431	Abner H. Levkoff, M.D.
Muncie	Ball Memorial Hospital 2401 University Avenue	284-3371, Ext. 241	Junia L. Rice, R.N.
Portland	Jay County Memorial Hospital 505 West Arch Street	726-7131, Ext. 67	Forrest E. Keeling, M.D.
Richmond	Reid Memorial Hospital Spring Grove	25481, Ext. 222	Mrs. Jessie Snyder, R.N.
Shelbyville	William S. Major Hospital 150 W. Washington Street	EX 8-6661	Carolyn Rosenfeld, R.N.

*Poison Information and Treatment Center.

City	Name and Address	Telephone	Director
South Bend	Memorial Hospital of South Bend Poison Control Center 615 North Michigan Street	234-9041, Ext. 258	William B. Frey, M.D.
South Bend	St. Joseph Hospital 811 East Madison Street	CEntral 4-2151	Leslie M. Bodnar, M.D.
Terre Haute	Union Hospital, Inc. 1606 N. Seventh Street	CRawford 0361, Ext. 229	Joseph P. Gillotte, M.D.
Tipton	Tipton County Memorial Hospital 1032 S. Main Street	OSburn 5-7411	George L. Compton, M.D.

ADJACENT STATES

ILLINOIS

City	Name and Address	Telephone	Director
Chicago	Poison Control Center Presbyterian—St. Luke's Hospital 1753 W. Congress Pkwy.	SEeley 8-4411, Ext. 2322	Joseph Christian, M.D.

KENTUCKY

Louisville	Poison Control Center Department of Pediatrics 323 E. Chestnut St.	JUniper 2-1831	Thomas A. Courtenay, M.D.

MISSOURI

St. Louis	Poison Control Center Cardinal Glennon Memorial Hospital for Children 1465 S. Grand Ave.	MOhawk 4-7222, Ext. 216	Vincent J. LoPiccolo, M.D.
St. Louis	Poison Control Center St. Louis Children's Hospital 500 S. Kingshighway	FOrest 7-6880	J. Neal Middlekamp, M.D.

OHIO

Cincinnati	*Poison Control Center Cincinnati Academy of Medicine 320 Broadway	721-2345	John A. Williams, M.D.
Columbus	Poison Control Center Children's Hospital 17th St. at Livingston Park	CLearbrook 8-9783	Phillip Ambuel, M.D.

* Informational services only

Annual Meeting Dates of Professional Medical and Allied Organizations

AMERICAN MEDICAL ASSOCIATION ANNUAL CONVENTION
Date June 21-25, 1970
Place Chicago, Ill.

INDIANA ACADEMY OF GENERAL PRACTICE
Date April 20-22, 1971
Place Indianapolis Hilton

INDIANA PUBLIC HEALTH ASSOCIATION
Date April 20-22, 1971
Place Indianapolis Stouffer Inn

NORTHERN INDIANA PSYCHIATRIC SOCIETY
Date Fourth Wednesday of every month, September through June
Place For location and program, inquire Beatty Memorial Hospital, Westville

INDIANA ROENTGEN SOCIETY
Date March 14, 1971
Place Holiday Inn East, Indianapolis

INDIANA PSYCHIATRIC SOCIETY
Date Second Wednesday of September, November, January, February, March and April
Place For time and place, inquire Wesley A. Kissel, M.D., 1815 N. Capitol Ave., Indianapolis 46202

INDIANA STATE ASSOCIATION OF MEDICAL ASSISTANTS
Date April 23-25, 1971
Place LaSalle Motor Inn, South Bend

INDIANA ACADEMY OF OPHTHALMOLOGY AND OTOLARYNGOLOGY
Date May 4-6, 1971
Place French Lick Sheraton, French Lick

INDIANA STATE MEDICAL ASSOCIATION CONVENTION
Date October 12-15, 1970
Place South Bend

INDIANA CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS
Date May 12-13, 1971
Place Indianapolis Stouffer Inn

THE INDIANA SOCIETY OF INTERNAL MEDICINE
Date October 14-15, 1970
Place South Bend

INDIANA OBSTETRICAL AND GYNECOLOGICAL SOCIETY
Date Oct. 21, 1970
Place Atkinson Hotel, Indianapolis

INDIANA ASSOCIATION OF PATHOLOGISTS
Date December 5, 1970
Place Indianapolis Motor Speedway Motel, Indianapolis

Maternity Care
Infant Care
Adoption Placement
Since 1894

The Suemma Coleman Home
512 EAST MINNESOTA STREET
INDIANAPOLIS, INDIANA 46203

DISEASE PREVENTION by Immunization and Chemoprophylaxis*

Disease	Agent Used	Recommended For	Method of Administration	Type of Immunity	Duration of Protection	Booster Injection
Cholera	Cholera Vaccine	Adults:	—0.5 cc. subcutaneously followed by 1.0 cc. in one month.	Active	6 months	1.0 cc. according to age every six months in endemic areas.
		Children:	Dose number / Age (Years) under 5 / 5-10 / over 10 1 / 0.1ml / 0.3ml / 0.5ml			to 5 yrs 0.3 ml 5-10 yrs. 0.5 ml over 10 yrs. 1.0 ml every six mos. if in endemic area.
Diphtheria	Diphtheria Antitoxin	All early cases	Usually intramuscular if seen within 48 hours of onset. Warning: Test for sensitivity to horse serum. May be used intravenously in severe nasopharynx cases. Dosage dependent on degree of toxicity rather than age and weight. 10,000 units to 75,000 units.	Passive	Short	Additional antitoxin given dependent upon illness and toxicity.
Diphtheria	Diphtheria Toxoid (fluid or alum precipitated or aluminum phosphate absorbed, for adult use)	Children older than 11 years and adults	Two intramuscular injections of 0.5 cc. each, four to six weeks apart for primary immunization or if individual has not had a booster dose of vaccine for 3 years.	(If toxoid is given then active immunity develops.)	Indefinite	0.5 cc. every 3-4 years.
Diphtheria	Diphtheria-Pertussis-Tetanus alum precipitated or aluminum hydroxide (or aluminum phosphate) adsorbed diphtheria and tetanus toxoids; containing 12 protective antigenic units of vaccine per 1.5 cc. (DPT)	Children under 5 years	(1) First dose of 0.5 cc. deep intramuscularly—follow injection with 0.1-0.2 cc. air. Given 2-3 months age. (2) Second dose of 0.5 cc. deep intramuscularly one month after first dose. (3) Third dose of 0.5 cc. deep intramuscularly one month after 2nd dose. (4) 4 or 5 years after third dose.	Active	Indefinite	D. P. T. booster of 0.5 cc. at 4-5 years.
Diphtheria	Diphtheria Tetanus Toxoid alum precipitated or aluminum hydroxide (or aluminum phosphate) adsorbed.	Children over 6 years	Primary immunization. (1) First dose of 0.5 cc. deep intramuscularly, follow injection with 0.1-0.2 cc. air. (2) Second dose of 0.5 cc. deep intramuscularly—follow injection with 0.1-0.2 cc. air.	Active	Indefinite	Diphtheria Tetanus booster every 10 years.

Diphtheria	Diphtheria Toxoid Pertussis Vaccine Tetanus Toxoid Fluid	Rapid immunization of children under 6 years	Three doses of 0.5 cc. given subcutaneously at intervals of 3-4 weeks. In face of epidemic injections may be given at one week intervals.	Active	Antigenic response lower than with the alum preparations and does not last as long.	0.5 cc. every 10 years or in case of injury.
Diphtheria	Diphtheria Toxoid Tetanus Toxoid Fluid	Rapid immunization under 10 years	Three doses 0.5 cc. given subcutaneously at intervals of 3-4 weeks. In face of epidemic injections may be given at intervals of one week.	Active	Antigenic response lower than with alum preparations and does not last as long.	0.5 cc. every 10 years or in case of injury.
Hepatitis, Infectious (Epidemic)	Immune Serum Globulin (Gamma Globulin)	All exposed in household, institution, etc.	Dosage: 0.01 cc. per pound of body weight. Given intramuscularly.	Passive	Brief	Repeat each exposure.
Influenza	Polyvalent Vaccine	Use during epidemics		Active (in 70% + immunized)	Short: 3-4 months	Repeat primary injection and/or injections annually.
		Children	Give total of 1.0 cc. in the course of one week.			
		Adults—especially all with chronic debilitating disease of heart and lungs.	1.0 cc. subcutaneously. *Warning:* Precautions must be taken in individuals sensitive to egg protein. *(Note:* There is less chance of local or systemic reaction if only 0.1 cc. is given intradermally for a total of 2 doses 7-10 days apart).			
Measles (1)	Live, Attenuated Vaccine	12 months and older	1	Active	Unknown Thought to be lifelong	None Although the live, attenuated vaccine may be administered safely with or without the simultaneous administration of Measles Immune Globulin, most physicians will wish to use the two combined because of the lessened frequency of clinical reactions.
(2)	Live, Attenuated Vaccine plus Measles Immune Globulin	12 months and older	1 plus Measles Immune Globulin (.01 cc per pound at different site with different syringe)	Active	Unknown Thought to be lifelong	None The live attenuated vaccines should be administered only to those 12 months of age or older since residual maternal antibody may interfere with a satisfactory response among younger children.

Disease	Agent Used	Recommended For	Method of Administration	Type of Immunity	Duration of Protection	Booster Injection
Measles (3)	Live, "Further Attenuated Vaccine"	12 months and older	1	Active	Unknown Thought to confer lifetime immunity	None Clinical reactions following the "Further Attenuated Vaccine" are relatively infrequent; Measles Immune Globulin is not necessary with this Vaccine.
Mumps	Mumps Virus Vaccine, Live, Attenuated	Children 12 months or older Adults who have not had mumps	one dose	Active	Two years known—probably much longer	Not known at present
Meningococcic Meningitis	Sulfadiazine	Control of exposed persons in community groups Children up to 11 yrs.	0.5 m. twice daily for 2 days.	None Chemical prophylaxis only	Very brief—for one exposure only.	Repeat following each exposure.
		Adults (and children 12 yrs. or over)	1.0 gm. twice daily for 2 days.			
Pertussis	Pertussis Vaccine saline suspended (See Double and Triple antigens under "Diphtheria")	Children during epidemic	A total of 12 N. I. H. units divided into 3 equal doses of 4 N. I. H. units (0.5 cc.) given subcutaneously at intervals of one week.	Active	Indefinite	1 year after primary series, 2 years after primary series and then every three years to 6 or 7 years of age.
	Pertussis Vaccine alum precipitated or aluminum hydroxide adsorbed (See Double and Triple antigens under "Diphtheria")	Routine immunization of infants when DPT is contraindicated	A total of 12 N. I. H. units divided into 3 equal doses of 4 N. I. H. units each (0.5 cc.) injected intramuscularly at intervals of 4 to 6 weeks.	Active	Indefinite	18 months—3-4 years. 6-7 years usually given as DPT.
		Exposure Recall		Active	Indefinite	4 NIH units (0.5 cc.) saline suspension subcutaneously if child has not had immunization past 2 years.
Plague	Plague Vaccine—a suspension of 2000 million killed Pasteurella per milliliter	Epidemics and areas with high endemic rate. Adults:	Two injections subcutaneously 7-10 days apart. First injection 0.5 cc.; second, 1.0 cc.	Active	Partial protection for period of 4-6 mos.	1.0 cc. every 4 months as long as danger of epidemic exists.
		Children: Under 1 yr. 1-4 yrs. 5-10 yrs. Over 10 yrs.	0.1 ml; 0.1 ml; 0.04 ml 0.2 ml; 0.2 ml; 0.08 ml 0.3 ml; 0.3 ml; 0.12 ml 0.5 ml; 0:5 ml; 0.2 ml	Active	Partial protection for period of 4-6 mos.	Booster dose for children is same as first dose of initial serires.

Poliomyelitis*	Poliomyelitis (Salk) Vaccine	All Ages	Four parenteral doses; three at 1 month intervals; fourth 6-7 mo. after #3	Active	Not known (Salk has demonstarted adequate antibodies present after 8 years)	1 cc every 2-3 years
	Poliomyelitis trivalent oral (Sabin)	Infants Adults	First dose 6-8 weeks, 2nd dose at 8 weeks, 3rd dose 8-12 months after 2nd. Children, two doses 6-8 wks. apart; third dose 8-12 months. Not necessary in U.S. but if at risk may be immunized as are children.	Active	Thought to be permanent	1 dose trivalent on entering school.
Rabies	Rabies—hyperimmune serum 1000 units per 40 pounds of body weight Rabies Vaccine 14-21 doses	Licks of abraded skin or mucosa by proven rabid, suspicious, escaped, killed or unknown animal	Hyperimmune serum within 24-72 hours of exposure. Follow within 24 hours with Rabies Vaccine.	Passive immunity from hyperimmune serum	Few weeks	Repeat initial dose hyperimmune serum, but not after beginning Rabies Vaccine series as serum will block antibody production. Booster 10th and 20th day after last dose vaccine.
		Bites of healthy animal, multiple, or face or head bites	Hyperimmune serum. Start vaccine but stop if animal remains normal for 5 days.	Active immunity from Rabies Vaccine	Indefinite	Rabies Vaccine prepared according to Sample method—should not repeat full course—one to 3 injections probably sufficient.
		Bite of healthy animal, other than head or neck	No treatment. If animal becomes suspicious during 14 days observation give serum and vaccine at first suspicious signs.			Booster 10th and 20th day after last dose vaccine.
		Bites—animal rabid, escaped, killed, unknown or any bites by any wild animal	Start treatment immediately, using hyperimmune serum followed by 14-21 doses vaccine, depending upon whether single or multiple bites and location.			Booster 10th and 20th day after last dose vaccine.
		Bat bites and exposure to bats	Hyperimmune serum, then start treatment with Rabies Vaccine immediately without waiting for laboratory report. Bats are only animals known to occasionally survive rabies and remain carriers.			Booster 10th and 20th day after last dose vaccine.
Rubella	Live virus vaccine	All children ages 1-12 yrs.	1 dose subcutaneous	Active	At least 3 yrs—Long term protection likely	Not known

Disease	Agent Used	Recommended For	Method of Administration	Type of Immunity	Duration of Protection	Booster Injection
Rocky Mountain Spotted Fever	Rocky Mountain Spotted Fever Vaccine	Not routinely recommended since advent of specific antibiotic therapy. May be used in areas of high incidence among persons of high risk.	Adults: 3 injections each 1.0 cc. subcutaneously or intramuscularly at intervals of one week. Children—under 10 years three injections each 0.5 cc. subcutaneously or intramuscularly at intervals of one week.	Active	One year	1.0 cc. booster annually
Smallpox	Smallpox Vaccine (Vaccinia virus)	Children and adults	Begin at 5-12 months. Administered by multiple pressure technique skin over insertion of left deltoid.	Active	Indefinite, average 3 years	Repeat every 4th year.
Tetanus	Tetanus Antitaxin	All cases of puncture wounds and animal bites when person has not been immunized or more than 5 years since last booster.	*Caution:* Skin test first for serum sensitivity. Intramuscular injection of 10,000 units antitoxin.	Passive	10 days	Repeat with each injury. Because of hazard to horse serum active immunization with toxoid preferred.
Tetanus	Tetanus Toxoid, depot (alum precipitated or adsorbed) (See Double and Triple antigens under "Diphtheria")	All	Two doses, each 0.5 cc. given intramuscularly, at least one and preferably 2-3 months interval.	Active	At least 4 years	0.5 cc. end first year, then—booster every 2-4 years. Satisfactory recall response after 10 years but is too slow in case of injury. Emergency booster if injured.
	Tetanus Toxoid, Fluid (See Double and Triple antigens under "Diphtheria")	All	Three doses, each 0.5 cc., subcutaneously or intramuscularly at one month and preferably 2-3 months between doses.	Active	At least 4 years	0.5 cc. end first year, then—booster every 2-4 years. Satisfactory recall response after 10 years but is too slow in case of injury. Emergency booster if injured.
Typhoid Fever	Typhoid Vaccine	All persons living in or traveling to areas where disease is endemic or insanitary conditions exist.	Adults & children over 10 yrs.: Three doses, each 0.5 cc. subcutaneously — not less than 28 day intervals between doses. An alternate method is: 0:1 cc.; 0.15 cc. and 0.2 cc. given intradermally not less than 7 nor more than 28 days between doses. Children: 6 mo.-2 yr.—(1) 0.06 cc.; (2) 0.12 cc.; (3) 0.12 cc. 2 yr.-6 yr—(1) 0.12 cc.; (2) 0.25 cc.; (3) 0.25 cc. 6 yr.-10 yr.—(1) 0.25 cc.; (2) 0.50 cc.; (3) 0.50 cc.	Active	Indefinite — at least 3 yrs.	Persons traveling or living in insanitary areas should receive booster of 0.1 cc. intradermally or 0.5 cc. subcutaneously annually. Children's annual booster the same dose as initial dose of each series.

Typhus Fever	Typhus Fever Vaccine	All persons traveling to or living in areas where epidemic typhus exists.	*Adults* Two doses, each 1.0 cc. at intervals of 7-10 days given subcutaneously. Allergy to egg or chicken protein only contraindication. *Children* Three doses each: 6 mos.-2 yrs.: 0.12 cc. 2 yrs.- 6 yrs.: 0.25 cc. 6 yrs.-10 yrs.: 0.50 cc.	Active	Relative 6-12 months as long as opportunity for exposure exists	*Adults* Routine every 6 months dose of 1.0 cc. given subcutaneously or whenever threat of outbreak occurs. *Children* Same dose as in initial series.
Yellow Fever	Yellow Fever Vaccine* (Obtainable only at U. S. P. H. S. Hospital or Yellow Fever Immunization Depots. See footnote where obtainable in Indiana.)	All persons traveling in or through or living in endemic areas. Should receive vaccine 10 days before arrival in area.	One dose 0.5 cc. of a 1:10 dilution of concentrated vaccine, freshly prepared. Given subcutaneously. Should not be given to person ill with virus disease or at same time cowpox virus is given. Children's dose—same as adult.	Active	Every 10 years	As required at present every 10 years repeat immunization. In presence of epidemic repeat primary immunization.

* While many contraindications are listed for various biologicals it should be recognized that in the interest of brevity it was impossible to give all details. In case of doubt consult standard reference for detailed description of biological in question and/or pharmaceutical company's circular accompanying original package of biological.

All of the biologicals listed may be obtained through normal supply channels with the exception of Yellow Fever Vaccine. Because of hazards if yellow fever vaccine is improperly handled it can only be obtained from U. S. P. H. S. depots. In Indiana these depots are:

Fort Wayne City Health Dept.
337 East Wayne Street
Fort Wayne
Wednesday, 11:00 a.m. - 12:00 noon
Telephone 742-9302 - by appointment only
Fee: $3.00

Indiana University Medical Center
1040 West Michigan Street
Indianapolis
Fridays, 2:00 p.m. to 3:00 p.m. CDT by appointment
Telephone: 639-8877

Elkhart County Health Department
200 Harrison Street
Elkhart, Indiana
1st or 3rd Wednesday each month 2 p.m.
Telephone 26525

Physicians having patients requiring yellow fever immunization should advise person to call or write the above, as inoculations are given by appointment only on one day a week. There is a fee to cover vaccine and administration.
(Revised)

Division of Communicable Disease Control
Indiana State Board of Health

Class A Narcotic Drugs

The following is a compilation of Class A Narcotic Drugs by trade name, prepared for publication by the Indiana Pharmaceutical Association.

Package	Class A Narcotics by Trade Name
Tab.	Alvodine
Vial	Alvodine
Tab.	Amidone HCl.
Vial	Amidone HCl.
Tab.	A.P.C. Demerol (Demerol 30 mg.)
Supp.	B&O 15A (Opium ½ gr., Belladonna ¼ gr.)
Supp.	B&O 16A (Opium 1 gr., Belladonna ¼ gr.)
	Chlor-Anodyne (Morphine HCl. 2⅞ gr. per oz.)
	Cocaine Solutions
Solvets	Cocaine HCl. 2¼ gr.
Amp.	Codeine Phos. ½ gr. per cc.
H.T.	Codeine Phos. ¼ gr.
H.T.	Codeine Phos. ½ gr.
H.T.	Codeine Phos. 1 gr.
D.T.	Codeine Sulf. 1 gr.
H.T.	Codeine Sulf. ⅛ gr.
H.T.	Codeine Sulf. ¼ gr.
H.T.	Codeine Sulf. ½ gr.
H.T.	Codeine Sulf. 1 gr.
T.T.	Codeine Sulf. ¼ gr.
T.T.	Codeine Sulf. ½ gr.
T.T.	Codeine Sulf. 1 gr.
	Codeine, in combination, if more than 8 grs. per fl. oz. or more than 1 gr. per dosage unit
	Demerol Solutions
Amp.	Demerol 25 mg.—½ cc.
Amp.	Demerol 50 mg.—1 cc.
Amp.	Demerol 75 mg.—1½ cc.
Amp.	Demerol 100 mg.
Amp.	Demerol Atropine 2 cc. (Demerol 100 mg.—2 cc.)
Amp.	Demerol Scopolamine 2 cc. (Demerol 100 mg—2 cc.)
Elix.	Demerol (Demerol 50 mg. per 5 cc.)
	Demerol Disp. Syr. 50 mg.—1 cc.
	Demerol Disp. Syr. 75 mg.—1 cc.
	Demerol Disp. Syr. 100 mg.—1 cc.
Tab.	Demerol 50 mg.
Tab.	Demerol 100 mg.
Vial	Demerol 50 mg. per cc.
Vial	Demerol 100 mg. per cc.
Vial	Demerol Scopolamine (Demerol 50 mg. per cc.)
Tab.	Demerol APAP (Demerol 50 mg.)
Tab.	Demerol Comp. (Demerol 25 mg.)
Tab.	Demerol Lotusate (Demerol 100 mg.)
Tab.	Dicodid 5 mg.
Amp.	Dilaudid HCl. 1/32 gr.—1 cc.
Amp.	Dilaudid HCl. 1/20 gr.—1 cc.
Amp.	Dilaudid HCl. 1/16 gr.—1 cc.
Rect. Supp.	Dilaudid HCl. 1/20 gr.
Syr.	Dilaudid (1 mg.—5 cc.)
	Dilaudid HCl. Solutions
H.T.	Dilaudid HCl. 1/64 gr.
H.T.	Dilaudid HCl. 1/32 gr.
H.T.	Dilaudid HCl. 1/20 gr.
H.T.	Dilaudid HCl. 1/16 gr.
Vial	Dilaudid Sulf. 2 mg. per cc.
	Dionin Solutions
Amp.	Dolophine HCl. 10 mg.—1 cc. (Methadone HCl.)
20 cc. Amp.	Dolophine HCl. 10 mg. per cc.
Syr.	Dolophine HCl. (Methadone HCl. 10 mg. per 30 cc.)
Tab.	Dolophine HCl. 5 mg.
Tab.	Dolophine HCl. 7.5 mg.
Tab.	Dolophine HCl. 10 mg.
Tab.	Donnagesic #2 (Codeine Phos. 1½ gr.)
	Dover's Po. N.F. (Po. Ipecac and Opium)
H.T.	H.M.C. #1 (Morphine HBr. ¼ gr.)
H.T.	H.M.C. #2 (Morphine HBr. ⅛ gr.)
	Hycodan Po.
10 cc. Vial	Hymorphan HCl. 2 mg. per cc.
10 cc. Vial	Hymorphan HCl. 2 mg. per cc. Atropine Sulf. 0.25 mg. per cc.
Amp.	Leritine 1 cc., 25 mg. per cc.
Amp.	Leritine 2 cc., 25 mg. per cc.
Tab.	Leritine 25 mg.
30 cc. Vial	Leritine 25 mg. per cc.
Amp.	Levo-Dromoran 2 mg.—1 cc.
Tab.	Levo-Dromoran 2 mg.
10 cc. Vial	Levo-Dromoran 2 mg. per cc.
Tubex	Meperidine HCl. 50 mg.—1 cc.
Tubex	Meperidine HCl. 75 mg.—1 cc.

Package	Class A Narcotics by Trade Name
Tubex M	Meperidine HCl. 100 mg.—1 cc.
Cap.	Mepergan
Cap.	Mepergan Fortis
Tubex	Mepergan 25—50 mg. per 2 cc.
10 cc. Vial	Mepergan 25—25 mg.— 1 cc.
Tubex	Mepergan 50—50 mg.—1 cc.
10 cc. Vial	Mepergan 50—50 mg.—1 cc.
100 Tab.	Mercodinone
20 cc. Vial	Methadone HCl. 10 mg. per cc.
30 cc. Vial	Methadone HCl. 10 mg. per cc.
Syr.	Methajade
	Morphine Acetate
Elix	Morphine HCl. 1 gr. per fl. oz.
	Morphine Solutions
Amp.	Morphine Sulf. ¼ gr. per cc.
Amp.	Morphine Sulf. ¼ gr., Atropine Sulf. 1/150 gr. per cc.
H.T.	Morphine Sulf. ⅛ gr.
H.T.	Morphine Sulf. 1/6 gr.
H.T.	Morphine Sulf. ¼ gr.
H.T.	Morphine Sulf. ½ gr.
H.T.	Morphine Sulf. 1 gr.
H.T.	Morphine Sulf. ¼ gr., Atropine Sulf. 1/150 gr.
T.T.	Morphine Sulf. ¼ gr.
Amp.	Nisentil HCl. 40 mg.—1 cc.
Amp.	Nisentil HCl. 60 mg.—1 cc.
Vial	Nisentil HCl. 60 mg. per cc.
Tab.	Nodalin (Methadone HCl. 2.5 mg.)

The Four Narcotic Classes

Narcotics are divided in four classifications and are either taxable or exempt, depending upon the addictive quality, strength, form and the presence or absence of other ingredients. Taxable narcotics, **Class A and B,** may be dispensed only upon a prescription order issued by a physician, dentist, veterinarian or other practitioner duly registered under the provisions of the Federal Narcotic Law. Orders from practitioners for other than legitimate medical purposes are not considered valid prescription orders under Federal Law and both the prescriber and the pharmacist may incur criminal penalties for such a violation.

All prescription orders for **Class A Narcotics** must be dated and signed by the prescriber as of the date of issue and, in addition, must contain the full name and address of the patient and the full name,

Continued

Package	Class A Narcotics by Trade Name
Tab.	Nucodan 5 mg.
Amp.	Numorphan HCl. 1 cc. (1.5 mg. per cc.)
Amp.	Numorphan HCl. 2 cc. (1.5 mg. per cc.)
10 cc. Vial	Numorphan HCl. (1.5 mg. per cc.)
Supp.	Numorphan HCl. 2 mg.
Tab.	Numorphan HCl. 10 mg.
Supp.	Numorphan HCl. 5 mgm.
	Opium Po.
	Opium Po. Extract
Rect. Supp.	Opium 1 gr. Belladonna ¼ gr.
Tr.	Opium U.S.P. Deod.
	Pantopon All
	Papine
Cap.	Percobarb 5 mg.
Cap.	Percobarb-Demi 2.5 mg.
Tab.	Percodan 5 mg.
Tab.	Percodan-Demi 2.5 mg.
Amp.	Prinadol 2 mg. 1 cc.
10 cc. Vial	Prinadol 2 mg. per cc.
Amp.	Spasmalgin 1 cc. (Pantopon 1/6 gr., Papaverine HCl. 1/3 gr., atropine sulfate 1/60 gr.)
Tab.	Spasmalgin (Pantopon 1/6 gr., Papaverine HCl. 1/3 gr., atropine sulfate 1/60 gr.)

address and narcotic registry number of the prescriber. Narcotic prescription orders should be written in permanent form. Prescription orders for narcotics which have been placed in **Class B** must meet all of the requirements above except the prescriber may transmit his prescription order to the pharmacist orally. The pharmacist must reduce the oral prescription order to writing immediately and include the information required for Class A Narcotics but the prescriber's signature is not necessary.

Renewals of narcotic prescription orders are prohibited, except as to exempt preparations. **Class X preparations** are regulated as to narcotic content and must, in addition, contain one or more non-narcotic active medicinal ingredients in therapeutic amounts. Class X narcotic preparations may be procured without an official order form. The pharmacist maintains a required record showing the name of the recipient, his address, the name and quantity of the Class X preparation and the date of delivery.

Class M preparations may contain any quantity of the specified drug with either active or inactive non-narcotic ingredients commonly used in medicinal preparations. The pharmacist is not required to maintain a record of dispositions of Class M preparations because such preparations have been found to have little or no additive properties. Examples of narcotic drugs which, when found in combination with non-narcotic ingredients are included in Class M include narcotine, papaverine, narceine and cotarnine. ◄

(Single copies of the brochure "Prescribing and Dispensing Narcotic Drugs—a Reference for the Health Practitioner" are available free from the Indiana Pharmaceutical Association, 54 Monument Circle, Indianapolis, Ind. 46204.)

Vietnam M.D. Volunteers Program Wins PR Award

The American Medical Association was awarded the prestigious "Silver Anvil" trophy for its Volunteer Physicians for Viet Nam program. The AMA entry in the 26th annual competition conducted by the Public Relations Society of America won the top honor in the "International Public Relations" category.

PRSA hosted a banquet in New York City May 14 at which the award was accepted by Norman W. Hoover, M.D., Director of the AMA Department of International Medicine.

Since 1966, the AMA has recruited over 700 U.S. physicians to serve 60-day tours in South Vietnamese civilian hospitals and clinics. Under an agreement with the U.S. Agency for International Development, the AMA meets a minimum quota of 32 volunteer physicians every two months. Volunteers receive round-trip transportation, housing, and $10 daily expenses while in Viet Nam.

Physicians interested in serving in this volunteer program should contact the Department of Military Medicine, AMA, 535 North Dearborn Street, Chicago, Ill. 60610.

Deaths of Indiana Physicians in 1969

(M) Member ISMA, (S) Senior Member, (R) Retired

Name	Age	Date of Death	Address	Cause of Death
Marshall, Albert L., Jr. (M)	59	Jan. 1	Indianapolis	Perforation of pyloric canal ulcer; uremia; diabetes mellitus.
Stouder, Charles E. (M)	66	Jan. 18	Ellettsville	Coronary occlusion.
Brink, Calvin C. (S) (R)	87	Jan. 23	Gary	Bronchial pneumonia; uremia.
Hershey, Ernest A. (S) (R)	82	Jan. 23	Churubusco	Cerebrovascular accident; cerebral arteriosclerosis.
Holmes, Phillip J. (M)	36	Feb. 2	Madison	Anoxia; pulmonary edema and congestion; barbiturate overdosage.
Priebe, Fred H. (M)	48	Feb. 15	Indianapolis	Thrombotic thrombocytopenic purpura.
Miller, Mahlon F. (M)	62	Feb. 21	Fort Wayne	Coronary artery occlusion.
Hall, Orville A.	71	Feb. 22	Muncie	Intracerebral hemorrhage; cerebral arteriosclerosis.
Boyd, Stella (M) (R)	71	Feb. 24	Evansville (formerly)	Carcinoma.
Guyer, Joseph	57	Feb. 24	New Albany (formerly)	Coronary artery occlusion.
Worley, Ansel C. (S) (R)	74	Mar. 2	Fort Wayne (formerly)	Multiple myeloma.
Harris, Byrum W.	88	Mar. 3	Gary (formerly)	Dissecting abdominal aneurysm.
Kistner, Arthur W. ((M)	65	Mar. 6	Elkhart	Pulmonary edema; uremia; uremic pneumonitis.
Young, James W. (M)	56	Mar. 15	Indianapolis	Coronary artery thrombosis.
Mitchell, George L. (S)	84	Mar. 26	Smithville	Uremia; osteoporosis.
Ehrich, William S. (S) (R)	88	Mar. 31	Evansville	Arteriosclerotic cardiovascular disease.
Troutwine, William R. (R)	59	Apr. 2	Crown Point (formerly)	Pneumonia; degeneration of the cerebellum.
Baldwin, John H. (S) (R)	92	Apr. 7	Jeffersonville	Cerebral artery embolism; arteriosclerosis.
Holladay, Lloyd J. (M)	65	Apr. 13	Lafayette	Secondary cerebrovascular hemorrhage.
Morrison, George G.	62	Apr. 15	Portland	Dissecting aneurysm of the thoracic aorta.
Glendening, John L. (S) (R)	85	Apr. 18	Indianapolis	Heart failure due to arteriosclerosis.
Wiseheart, Robert H. (M)	58	Apr. 20	Lebanon	Coronary artery occlusion.
Baker, Guy D. (S) (R)	82	Apr. 25	Crandall	Congestive heart failure; arteriosclerotic heart disease.
Kammer, Walter F. (M)	56	May 10	Muncie	Coronary artery occlusion.
Rhodes, Theodore D. (M)	68	May 13	Indianapolis (formerly)	Myocardial infarction.
Somers, Gerald H. (M)	58	May 14	Fort Wayne	Myocardial infarction.
Donahue, Claude M. (M)	73	May 19	Carmel	Acute coronary thrombosis; coronary artery disease.
Wimmer, Robert N. (S)	82	June 12	Michigan City	Gastric hemorrhage.
Fisher, Lawrence F. (S) (R)	79	June 13	South Bend	Acute cardiac, vascular and respiratory failure.
Buche, Frederick (S) (R)	88	June 27	Richmond	Bilateral bronchopneumonia.

Name	Age	Date of Death	Address	Cause of Death
Thompson, Alfred A. (S) (R)	91	June 29	Tyner	Acute coronary thrombosis; generalized arteriosclerosis.
Hoyt, John M. (M)	63	July 2	Kokomo	Arteriosclerotic heart disease; multiple pulmonary emboli.
Duckwall, Bertram (M)	80	July 7	Terre Haute	Myocardial infarction.
Freeman, Leslie W. (M)	53	July 7	Indianapolis	Chronic respiratory insufficiency due to arrested tuberculosis and pulmonary emphysema.
Leasure, John K. (S) (R)	78	July 8	Indianapolis	Acute congestive heart failure.
Robertson, Ray B. (S)	72	July 10	Indianapolis	Carcinoma of lung.
Geisinger, Lewis N. (S) (R)	94	July 20	Auburn	Massive gastrointestinal hemorrhage.
Rogers, Arthur	48	July 15	Newburgh (formerly)	Myocardial infarction.
Wallace, Hawthorne C. (S) (R)	78	July 23	Crawfordsville	Stokes-Adams syndrome; arteriosclerotic heart disease.
McTurnan, Robert W. (M)	54	July 25	Indianapolis	Drowned.
Cooper, Harry L. (S)	81	July 31	South Bend	Acute myocardial infarction.
Levin, Eli L. (S)	76	Aug. 9	East Chicago	Gangrene of the small intestine.
Singer, Elmer C. (S)	80	Aug. 13	Fort Wayne	Coronary artery disease.
Gammieri, Robert L. (M)	48	Aug. 28	Indianapolis	Lymphosarcoma.
Harcourt, Allan K. (S)	71	Aug. 28	Indianapolis	Myocardial infarction.
Custer, Edward W. (M)	61	Aug. 30	South Bend	Carcinoma of the pancreas.
Call, Herbert F. (M)	65	Sept. 1	Indianapolis	Cardiorespiratory arrest; renal carcinoma.
Armington, Robert L. (M)	62	Sept. 2	Anderson	Gastric hemorrhage due to ulcers.
Mertz, Henry O. (S) (R)	86	Sept. 12	Indianapolis	Arteriosclerosis.
Langohr, John L. (M)	56	Sept. 20	Columbia City	Myocardial infarction.
McCormick, Hubert D. (S) (R)	86	Sept. 30	Vincennes	Adenocarcinoma of the colon with liver metastasis.
Lewis, James F. (M)	64	Oct. 5	Liberty	Myocardial insufficiency; arteriosclerotic heart disease.
Kelly, Don E. (M)	65	Oct. 9	Indianapolis (formerly)	Hemorrhage due to spontaneous rupture of the aorta.
Vore, Hugh A. (S) (R)	74	Oct. 27	East Chicago	Acute myocardial infarction.
Gentile, John P. (M)	69	Oct. 28	New Albany	Coronary occlusion; arteriosclerotic cardiovascular disease.
Teters, Melvin S. (S)	78	Nov. 12	Middlebury	Injuries suffered in an automobile accident.
Hostetter, Irwin S. (M)	53	Nov. 24	Muncie	Metastatic carcinoma of the brain.
Jackson, John K. (M)	58	Dec. 2	Aurora	Lymphoblastic leukemia.
Cochran, Robert B. (M)	51	Dec. 7	Muncie	Adenocarcinoma.
Medcalf, Norman L. (S)	84	Dec. 14	Lamar	Arteriosclerotic heart disease.
Hunter, Lowell (M)	66	Dec. 24	Lawrenceburg	Acute renal failure; shock; gram negative septicemia.
Weissman, Charles G. (M)	58	Dec. 24	Hammond	Hypertensive cardiovascular disease.
Eikenberry, Hugh W.	61	Dec. 28	Indianapolis	Pneumonia; carcinoma of the prostate.
Weems, Mallory P. (M)	70	Dec. 28	Jeffersonville	Myocardial infarction.

Presidents of ISMA Since Its Organization

Medical Association	Elected	Served
*Livingston Dunlap, Indianapolis	1849	1849
Medical Society		
*William T. S. Cornett, Versailles	1849	1850
*Ashahel Clapp, New Albany	1850	1851
*George W. Mears, Indianapolis	1851	1852
*Jeremiah H. Brower, Lawrenceburg	1852	1853
*Elizur H. Deming, Lafayette	1853	1854
*Madison J. Bray, Evansville	1854	1855
*William Lomax, Marion	1855	1856
*Daniel Meeker, LaPorte	1856	1857
*Talbot Bullard, Indianapolis	1857	1858
*Nathan Johnson, Cambridge City	1858	1859
*David Hutchinson, Mooresville	1859	1860
*Benjamin S. Woodworth, Ft. Wayne	1860	1861
*Theophilus Parvin, Indianapolis	1861	1862
*James F. Hibberd, Richmond	1862	1863
*John Sloan, New Albany	1863	----
*John Moffet (acting), Rushville	1863	1864
*Samuel L. Linton, Columbus	1864	----
*Wilson Lockhart (acting), Danville	1864	1865
*Myron H. Harding, Lawrenceburg	1865	1866
*Vierling Kersey, Richmond	1866	1867
*John S. Bobbs, Indianapolis	1867	1868
*Nathaniel Field, Jeffersonville	1868	1869
*George Sutton, Aurora	1869	1870
*Robert N. Todd, Indianapolis	1870	1871
*Henry P. Ayres, Ft. Wayne	1871	1872
*Joel Pennington, Milton	1872	1873
*Isaac Gasselberry, Evansville	1873	----
*Wilson Hobbs (acting), Knightstown	1873	1874
*Richard E. Houghton, Richmond	1874	1875
*John H. Helm, Peru	1875	1876
*Samuel S. Boyd, Dublin	1876	1877
*Luther D. Waterman, Indianapolis	1877	1878
*Louis Humphreys, South Bend	1878	----
*Benj. Newland (acting), Bedford (v.p.)	1878	1879
*Jacob R. Weist, Richmond	1879	1880
*Thomas B. Harvey, Indianapolis	1880	1881
*Marshall Sexton, Rushville	1881	1882
*William H. Bell, Logansport	1882	1883
*Samuel E. Mumford, Princeton	1883	1884
*James H. Woodburn, Indianapolis	1884	1885
*James S. Gregg, Ft. Wayne	1885	1886
*General W. H. Kemper, Muncie	1886	1887
*Samuel H. Charlton, Seymour	1887	1888
*William H. Wishard, Indianapolis	1888	1889
*James D. Gatch, Lawrenceburg	1889	1890
*Gonsolvo C. Smythe, Greencastle	1890	1891
*Edwin Walker, Evansville	1891	1892
*George F. Beasley, Lafayette	1892	1893
*Charles A. Daugherty, South Bend	1893	1894
*Elijah S. Elder, Indianapolis	1894	----
*Charles S. Bond (acting), Richmond	1894	1895
*Miles F. Porter, Ft. Wayne	1895	1896

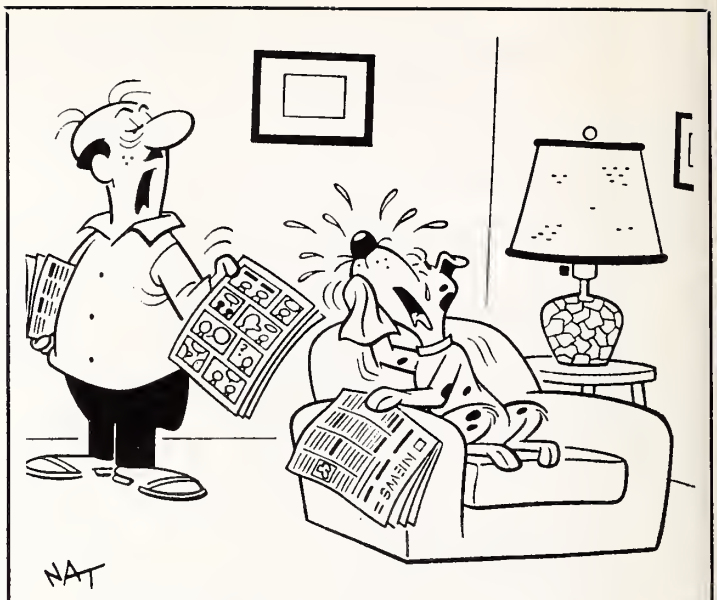
* Deceased.

Medical Association	Elected	Served
*James H. Ford, Wabash	1896	1897
*William N. Wishard, Indianapolis	1897	1898
*John G. Sexton, Rushville	1898	1899
*Walker Schell, Terre Haute	1899	1900
*George W. McGaskey, Ft. Wayne	1900	1901
*Alembert W. Brayton, Indianapolis	1901	1902
*John B. Berteling, South Bend	1902	1903
*Jonas Stewart, Anderson	1903	1904
*George T. MacGoy, Columbus	1904	1905
*George H. Grant, Richmond	1905	1906
*George J. Cook, Indianapolis	1906	1907
*David G. Peyton, Jeffersonville	1907	1908
*George D. Kahlo. French Lick	1908	1909
*Thomas G. Kennedy, Shelbyville	1909	1910
*Frederick G. Heath, Indianapolis	1910	1911
*William F. Howat, Hammond	1911	1912
*A. G. Kimberlin, Indianapolis	1912	1913
*John P. Salb, Jasper	1913	1914
*Frank B. Wynn, Indianapolis	1914	1915
*George F. Keiper, Lafayette	1915	1916
*John H. Oliver, Indianapolis	1916	1917
*Joseph Rilus Eastman, Indianapolis	1917	1918
*William H. Stemm, North Vernon	1918	1919
*Charles H. McCully, Logansport	1919	1920
*David Ross, Indianapolis	1920	1921
*William R. Davidson, Evansville	1921	1922
*Charles H. Good, Huntington	1922	1923
*Samuel E. Earp, Indianapolis	1923	1924
*Eldridge M. Shanklin, Hammond	1924	1925
Medical Association		
*Charles N. Gombs, Terre Haute	1925	1926
*Frank W. Gregor, Indianapolis	1926	1927
*George R. Daniels, Marion	1926	1928
*Charles E. Gillespie, Seymour	1927	1929
*Angus C. McDonald, Warsaw	1928	1930
*Alois B. Graham, Indianapolis	1929	1931
*Franklin S. Grockett, Lafayette	1930	1932
*Joseph H. Weinstein, Terre Haute	1931	1933
*Everett E. Padgett, Indianapolis	1932	1934
*Walter J. Leach, New Albany	1933	1935
*Roscoe L. Sensenich, South Bend	1934	1936
*Edmund D. Clark, Indianapolis	1935	1937
Herman M. Baker, Evansville	1936	1938
*Edmund M. Van Buskirk, Ft. Wayne	1937	1939
Karl R. Ruddell, Indianapolis	1938	1940
*Albert M. Mitchell, Terre Haute	1939	1941
Maynard A. Austin, Anderson	1940	1942
*Carl H. McGaskey, Indianapolis	1941	1943
*Jacob T. Oliphant, Farmerburg	1942	1944
*Nelson K. Forster, Hammond	1943	1945
*Jesse E. Ferrell, Fortsville	1944	1946
*Floyd T. Romberger, Lafayette	1945	1947
*Gleon A. Nafe, Indianapolis	1946	1948
*Augustus P. Hauss, New Albany	1947	1949
*G. S. Black, Warren	1948	1950
*Alfred Ellison, South Bend	1949	1951

* Deceased.

Medical Association	Elected	Served
*J. William Wright, Indianapolis	1950	1952
Paul D. Crimm, Evansville	1951	1953
Wm. Harry Howard, Hammond	1952	1954
*Walter L. Portteus, Franklin	1953	1955
Walter U. Kennedy, New Castle	1954	1956
*Elton R. Clarke, Kokomo	1955	1957
M. C. Topping, Terre Haute	1956	1958
Kenneth L. Olson, South Bend	1957	1959
Earl W. Mericle, Indianapolis	1958	1960
Guy A. Owsley, Hartford City	1959	1961
*Harry R. Stimson, Gary	1960	1962
Maurice E. Glock	1961	1963
Donald E. Wood	1962	1964
Joseph M. Black	1963	1965
Kenneth O. Neumann	1964	1966
Eugene S. Rifner	1965	1967
G. O. Larson	1966	1968
Patrick J. V. Corcoran	1967	1969

* Deceased.



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Indiana Bell

Constitution and Bylaws of the Indiana State Medical Association

CONSTITUTION

ARTICLE I.—NAME OF THE ASSOCIATION

The name and title of this organization shall be the Indiana State Medical Association.

ARTICLE II.—PURPOSE OF THE ASSOCIATION

The purposes of this Association shall be to federate and bring into one compact organization the medical profession of the State of Indiana, and to unite with similar societies of other states to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education; to promote friendly intercourse among physicians; to protect its members against imposition; and to enlighten and direct public opinion in regard to the great problems of medical care, and public health, so that the profession shall become more capable and honorable within itself and more useful to the public in the prevention and cure of disease and in prolonging and adding comfort to life.

ARTICLE III.—COMPONENT SOCIETIES

Component societies shall consist of those county medical societies which hold charters from this Association.

ARTICLE IV.—COMPOSITION OF THE ASSOCIATION

Section 1.—This Association shall consist of Active Members, Associate Members, Senior Members, Honorary Members and Disabled Members.

Sec. 2.—*Active Members.*—The active members of this Association shall be the members of the component county medical societies, and no county medical society shall grant active membership therein on a basis that does not include membership in the district medical society and in the Indiana State Medical Association.

Sec. 3.—*Associate Members.*—Members of the Indiana State Dental Association in good standing are, by virtue of their membership therein, made associate members of the Indiana State Medical Association.

Sec. 4.—*Senior Members.*—Senior members shall be physicians of the State of Indiana who have attained the age of seventy years and have held membership in the Indiana State Medical Association for twenty years or more, and who, upon their application, have been certified to the Executive Secretary as eligible for such membership by the county societies of which they are members. Eligibility to senior status shall begin the year after the member reaches the age of seventy.

Sec. 5.—*Honorary Members.*—Honorary members shall consist of teachers, scientists and others who have rendered highly meritorious service to the profession of medicine, and of physicians and surgeons of distinction, upon whom the Association may, through vote of the House of Delegates, desire to confer such membership as a special honor.

Sec. 6.—*Disabled Members.*—Disabled members shall consist of physicians of the state of Indiana who are certified by a member physician to be permanently disabled and no longer able to practice medicine and who continues to reside in the state of Indiana. Proof of permanent disability shall be by notification of the secretary of the Association by the secretary of the county medical society in which such permanently disabled physician holds membership.

Sec. 7.—*Rights and Privileges of Members*—Active members and senior members shall have the same rights and privileges except as follows:

a. Senior members shall not be required to pay membership dues in the State Association.

b. If senior members desire to receive THE JOURNAL of the State Association, they shall pay the regular subscription price therefor.

c. Senior members who desire the benefit of medical defense as provided by the Bylaws of this Association shall pay the amount stipulated in Section 1, Chapter XXXIII of the Bylaws for this coverage.

d. Honorary members hereafter elected shall hold such membership as an honor and distinction and shall have the right to attend meetings of the Association. They shall have the privilege of participating in discussions but shall have no right to vote or to hold office. They shall not be required to pay membership dues in the State Association.

e. All such disabled members, as defined above, shall receive association membership cards and The Journal of the Association without charge.

ARTICLE V.—HOUSE OF DELEGATES

The House of Delegates shall be the legislative and business body of the Association and shall consist of (1) Delegates, or their designated alternates, elected by the component county societies; (2) the Trustees, or their designated alternates, and (3) the ex-presidents of the Indiana State Medical Association. The following shall be *ex*

officio members: the President, the President-elect, the Executive Secretary, the Treasurer and Assistant Treasurer of this Association, and the delegates to the American Medical Association, all without power to vote, except in case of a tie vote, when the President or person presiding shall cast the deciding vote.

ARTICLE VI—BOARD OF TRUSTEES

The Board of Trustees shall consist of (1) the Trustees with power to vote and their duly elected alternates, each of the latter without power to vote except in the absence of his Trustee; and (2) ex-officio, the President, President-elect, Treasurer with power to vote and Assistant Treasurer without power to vote except in case the Treasurer be absent. Besides its duties mentioned in the Bylaws, the Board of Trustees shall have full charge and control of all the property of the Assocation. It shall have full authority and power of the House of Delegates between sessions of the House of Delegates, except that it shall not make changes in the laws governing the Association nor exercise legislative functions, except as stated in the Bylaws, and at all times shall be the finance committee of the Association. Seven Trustees shall constitute a quorum.

ARTICLE VII.—SECTIONS AND DISTRICT SOCIETIES

The House of Delegates may provide for a division of the scientific work of the Association into appropriate sections; and for the organization of such Trustee District Societies as will promote the best interests of the profession, such societies to be composed exclusively of members of component county societies. Trustee districts shall be defined by the House of Delegates.

ARTICLE VIII.—CONVENTION AND MEETINGS

Section 1.—The Association shall hold an Annual Convention during which there shall be held such general and section meetings as the Association through its duly constituted officers and committees may provide for.

Sec. 2.—The House of Delegates shall select the place five years in advance for holding the Annual Convention. The time for the convention shall be fixed by the Board, and the Board shall have the power also to change the place for holding the convention where conditions may create difficulties in holding a successful convention at the place designated by the House of Delegates.

Sec. 3.—Special meetings of either the Association or the House of Delegates shall be called by the President on petition of twenty delegates or fifty members. Upon receipt by the President of such a petition of twenty delegates, or fifty members, the President shall within 30 days thereafter issue a call for such special meeting at a time and place to be fixed by the President. The President, in specifying the time of such special meeting, shall fix the same as soon thereafter as reasonable and suitable arrangements can be made.

ARTICLE IX.—OFFICERS

Section 1.—The officers of this Association shall be a President, a President-elect, an Executive Secretary, a Treasurer, an Assistant Treasurer and thirteen Trustees, each of whom shall be a member, except the Executive Secretary, who need not necessarily be either a physician or a member.

Sec. 2.—The officers, except the Trustees and the Executive Secretary, whose election has been provided for hereinafter, shall be elected annually. The terms of elected Trustees shall be for three years and approximately one-third of the number shall be elected annually. No Trustee shall be eligible to serve longer than two consecutive three-year terms, effective with the beginning of his next election following the adoption of this amendment.

All of these officers shall serve until their successors are elected and installed. Provided, that if any elected Trustee fails, without reason acceptable to the Board, in any one calendar year to attend a majority of the meetings of the Board, he shall thereby cease to be a Trustee, and the Executive Secretary shall thereupon take action in accordance with Section 4 of this article.

Sec. 3.—The officers of this Association with the exception of the Executive Secretary shall be elected by the House of Delegates as the first order of business at the final meeting of the House of Delegates, and no person shall be elected to any such office who has not been an active member of the Association for the preceding two years.

Sec. 4.—The Trustees shall be elected by the respective district societies. If any district fails to meet and elect its Trustee by the time of the expiration of the incumbent's term of office, the Executive Secretary of the Association shall cause a special meeting to be called by said district society for the purpose of such election.

Sec. 5.—Each Trustee district shall elect an alternate Trustee whose term of office shall be the same as the Trustee, namely three years. The alternate Trustee shall be elected in a year during which there is no Trustee elected.

The duties of the alternate Trustee shall be:

1. To represent the Trustee district in the absence of the regularly elected Trustee.

2. To vote only in the absence of the regularly elected Trustee either in the House of Delegates or in Board meetings where he represents the regularly elected Trustee.

Sec. 6.—Any officer may be removed from office after a hearing before the Board, on thirty days' notice, on charges in writing, upon a vote of three-fourths of the members of the Board.

Sec. 7.—In event of the death, resignation, removal, or disability of the President, the President-elect shall succeed to the presidency. In the event of the death, disability, resignation or removal of both the President and the President-elect, the chairman of the Board shall become President pro tem and as such shall, within a period of sixty

days, call a special session of the members of the House of Delegates for the purpose of electing members to fill these vacancies, who shall serve until the next regular meeting of the House of Delegates, at which time both a President and a President-elect shall be elected, both of whom shall take office immediately upon their election.

Sec. 8.—A vacancy in the office of Treasurer or Assistant Treasurer shall be filled by an election by the Trustees at the next regular meeting of the Board following the occurrence of such vacancy.

Sec. 9.—In the event of a vacancy occurring from any cause, except expiration of the term of office, in the office of any district Trustee, the duly elected alternate Trustee from the same district shall succeed to the office of Trustee in that district for the unexpired term of said Trustee.

In the event vacancies occur in any Trustee district in the offices of both Trustee and alternate Trustee, the vacancies shall be filled by an election by the members of the Association within the Trustee district in which such vacancies occur. A call for such elections shall be issued by the Executive Secretary of the State Association following conference with the officers of the district organization. The call shall state the time and place of holding the election and shall be sent registered mail to the county secretary as filed in the state secretary's office of each component society within the district. Such call shall be mailed within ten days after the state secretary has learned of the vacancies. The election may be held at a special or regular meeting in which other business than the election may be transacted. Such election shall be held within fifteen days after the secretary of the State Association shall have mailed such call.

Sec. 10.—None of the officers shall receive compensation except the Executive Secretary, who shall be employed by the Board, and the Board shall fill any vacancy in that office.

ARTICLE X.—RECIPROCITY OF MEMBERSHIP WITH OTHER STATE SOCIETIES

In order to broaden professional fellowship, this Association is ready to arrange with other State Medical Associations for an interchange of certificates of membership so that members moving from one state to another may avoid the formality of re-election.

ARTICLE XI.—INCOME AND EXPENSES

Funds for carrying on the activities of this Association shall be raised by the following means:

a. Membership dues to be collected by the component county societies in connection with the dues for such component societies. The amount of the dues of each component society shall be fixed by the society itself; and the amount of dues for this Association shall be fixed from time to time by the House of Delegates.

b. Voluntary contributions.

c. Revenues derived from the Association's publications.

d. Any other manner approved by the House of Delegates.

Funds may be appropriated by the House of Delegates to defray the expenses of the Association, for publications, and for such other purposes as will promote the welfare of the profession. All motions and resolutions appropriating funds must be referred to the Executive Committee and Board for approval before final action is taken thereon.

ARTICLE XII.—REFERENDUM

Section 1.—A General Meeting of the Association may, by a two-thirds vote of the members present, order a general referendum on any question pending before the House of Delegates, and when so ordered the House of Delegates shall submit such question to the members of the Association, who may vote by mail or in person, and if the members voting shall comprise a majority of all members of the Association, a majority of such vote shall determine the question and be binding on the House of Delegates.

Sec. 2.—The House of Delegates may, by a two-thirds vote of its own members, submit any question before it to a general referendum, as provided in the preceding section, and the result shall be binding on the House of Delegates.

ARTICLE XIII.—THE SEAL

The Association shall have a common Seal, with power to break, change or renew the same at pleasure.

ARTICLE XIV.—AMENDMENTS

The House of Delegates may amend any article of this Constitution by a two-thirds vote of the delegates present at any Annual Convention, provided that such amendment shall have been presented in open meeting at the previous Annual Convention, and that it shall have been published twice during the year in THE JOURNAL of this Association.

BYLAWS

CHAPTER I.—MEMBERSHIP

Section 1.—Every county society shall include by January 1, 1967, as a part of their Constitution or Bylaws the following: Every person becoming an active member after January 1, 1967, shall occupy a provisional status for two years immediately following his admission to membership in this society, during which period he must successfully complete an orientation course to be presented at stated intervals by the Board of the Indiana State Medical Association or one of its commissions. The form and content of this course shall be prescribed by the Board of Indiana State Medical Association. Unless excused by the said Board for good cause shown, failure to attend and successfully complete the course within the two-year period shall auto-

matically revoke the delinquent's membership and terminate all of his rights and privileges as a member, and he shall thereafter, for a period of one year, be ineligible for membership in any component county society.

Sec. 2.—The term "Member" as used in these Bylaws unless otherwise indicated shall mean both active and Senior Members of component county medical societies who hold either the Degree of Doctor of Medicine, Bachelor of Medicine, or who hold an unrestricted license to practice medicine and surgery.

Sec. 3.—Any physician who is a member in good standing of a component county society and who has paid to this Association his annual dues is a member in good standing of the Indiana State Medical Association, provided, however, that he is a citizen of the United States of America, or has filed his declaration of intention of becoming a citizen and his first citizenship papers are in full force and effect.

Sec. 4.—No person whose license to practice medicine has been suspended or revoked or who is under sentence of suspension or expulsion from a component society, or whose name has been dropped from its roll of members, shall be entitled to any of the rights or benefits of this Association or of a component county society, nor shall he be permitted to take part in any of their proceedings until he has been relieved of such disability.

Sec. 5.—Each member in attendance at the Annual Convention shall register by indicating the component society of which he is a member. When his right to membership has been verified, by reference to the roster of his society, he shall receive a badge, which shall be evidence of his right to all the privileges of membership at that convention. No member shall take part in any of the proceedings of an Annual Convention until he has complied with the provisions of this section.

CHAPTER II.—GENERAL MEETINGS

Section 1.—General Meetings shall mean all meetings planned for attendance by all registered members, and shall include those meetings in which guests of registered members or the general public are also invited. The address of the President may be delivered in a General Meeting, and the programs of General Meetings shall be arranged by the Executive Committee except where scientific papers are included, in which event the scientific part of the program shall be arranged by the Commission on Convention Arrangements, with the sanction and approval of the officers.

Sec. 2.—The General or Section Meetings may recommend to the House of Delegates the appointment of committees or commissions for scientific investigation of special interest and importance to the profession and public.

Sec. 3.—All scientific papers read before the Association or any of the sections shall become its property and shall not be published in any but the official publications of this Association, except by consent of the officers and the Editorial Board of this Association. Each such paper shall be deposited with the Executive Secretary when read.

Sec. 4.—The Board shall appropriate from the funds of the Association for such an amount as in the discretion of the Board shall be reasonably needed for that purpose, and no commitments shall be made for expenses in excess of the amount appropriated for such Convention. The funds so appropriated shall, upon the approval of the Executive Committee, be expended at the direction of the Commission on Convention Arrangements appointed by the President for the Convention for which the appropriation is made. All money in excess of that expended for actual expenses incurred shall revert each year to the treasury of the Association.

CHAPTER III.—SECTIONS

Section 1.—During the Annual Convention the Association in addition to the general meetings may hold the following section meetings:

a. Surgical.
b. Internal Medicine.
c. Eye, Ear, Nose, and Throat.
d. Anesthesia.
e. General Practice.
f. Obstetrics and Gynecology.
g. Preventive Medicine and Public Health.
h. Radiology.
i. Nervous and Mental Diseases.
j. Pathology and Forensic Medicine.
k. Pediatrics.
l. Directors of Medical Education.
m. Cutaneous Medicine.
n. College Health Physicians
o. Any other sections that hereafter may be provided for by the House of Delegates.

Sec. 2.—The officers of each section shall be a chairman, a vice-chairman, and a secretary, and they shall preside over the meetings of the sections and shall be responsible to the Committee on Scientific Work for the section speakers and papers.

Sec. 3.—The election of officers of the sections shall be the last order of business of the last meeting of the sections during the Annual Convention.

Sec. 4.—No section meeting shall be allowed to conflict with a general meeting.

CHAPTER IV.—HOUSE OF DELEGATES

Section 1.—The House of Delegates may meet on the day before the date set for the beginning of the general registration of the attendance at the Annual Convention. It may adjourn from time to time as may be necessary to complete its business, provided that its hours shall conflict as little as possible with the general or section meetings. It shall meet on the last day of the Annual Convention for the election of officers for the ensuing

year, and for the completion of any business previously introduced. The order of business shall be arranged as a separate section of the program.

Sec. 2.—Each component county society shall be entitled to send to the House of Delegates each year one delegate for every fifty members and one for each major fraction thereof; but, irrespective of the number of members, each component society which has made its annual report and paid its assessments, as provided in this Constitution and Bylaws, shall be entitled to one delegate, except that where a component society is made up of physicians of more than one county, each county shall be entitled to at least one delegate and one alternate delegate who shall be a resident of the county he represents as a delegate or alternate delegate and who shall be selected by the physicians residing in such county.

The number of delegates to which each component society is entitled shall be based upon the number of members on record in the office of the Executive Secretary in good standing with current dues fully paid as of December 31 of the preceding year.

The names of duly elected delegates and alternates from each component society shall be sent to the Executive Secretary of this Association on or before February 1, prior to the Annual Convention at which such delegates are to serve. No one shall be entitled to a seat in the House of Delegates unless his credentials as a delegate or alternate, properly signed by the secretary of his county society, be presented to the Committee on Credentials at the time of the Annual Convention.

Sec. 3.—Fifty delegates shall constitute a quorum.

Sec. 4.—The House of Delegates shall:

a. Elect representatives to the House of Delegates of the American Medical Association in accordance with the Constitution and Bylaws of that body.

b. Divide the state into Trustee districts, specifying what counties each district shall include, and when the best interests of the Association and profession will be promoted thereby, organize in each district a medical society, and all members of component county societies, and no others, shall be members of such district societies.

c. Have authority to appoint committees for special purposes from among members of the Association who need not be members of the House of Delegates. Such committees shall report to the House of Delegates, and the members of such committees may be present and participate in the debate on their reports.

d. Approve all memorials and resolutions issued in the name of the Association before the same shall become effective.

Sec. 5.—Proposals calling for appropriations of funds by the House of Delegates shall be submitted to the Executive Committee and the Board for their recommendation before final action of the House.

Sec. 6.—At the first meeting the President shall announce the membership of the reference committees, as hereinafter provided for, and any other committees considered by him necessary to expedite the business of the Association.

Sec. 7.—All resolutions to be presented to the House of Delegates for action shall be prepared and mailed to the Executive Secretary of the Association so that he will receive them not later than 45 days prior to the meeting of the House of Delegates to which the resolutions will be presented for action.

Provided, that where a resolution has been first submitted to the Committee on Rules and Order of Business together with a written statement setting forth the reasons why said resolution was not mailed to the Executive Secretary more than 45 days prior to the meeting of the House of Delegates and also setting forth in said written statement the reason why said resolution is of such an emergency nature that it cannot wait until the next meeting of the House, and that said Committee on Rules and Order of Business has approved said resolution for submission to the House, and that each delegate shall be furnished a copy before the next meeting of the House, then this subsection of the Bylaws may be suspended with respect to said resolution upon a two-thirds vote of the House of Delegates.

Sec. 8.—The final vote on any issue calling for changes in dues or in dues structure shall be by roll call vote. Each member's vote shall be permanently recorded and no suspension of this rule will be allowed on the final vote of such an issue.

CHAPTER V.—ELECTION OF OFFICERS

Section 1.—The election of officers shall be the first order of business of the House of Delegates after the reading of the minutes on the last day of the Annual Convention.

Sec. 2.—All elections shall be by ballot, and a majority of the votes cast shall be necessary to elect. In case no nominee receives a majority on the first ballot, the nominee receiving the lowest number of votes shall be dropped and a new ballot taken.

Sec. 3.—Any person known to have solicited votes for or sought any office within the gift of this Association shall be ineligible for any office for two years.

Sec. 4.—The President, President-elect, Treasurer and Assistant Treasurer shall serve from the termination of the annual meeting of the House of Delegates in which the President-elect, Treasurer and Assistant Treasurer are elected until the termination of the succeeding annual meeting of the House of Delegates.

Sec. 5.—The officers of the Association shall be installed by taking the following oath of office to be administered by the out-going President of the Association at the final meeting of the House of Delegates:

Sec. 6.—I, ..., solemnly swear that I shall carry out to the best of my ability, the duties of the office of the Indiana State Medical Association to which I have been elected.

I shall strive constantly to maintain the ethics of the medical profession and to promote the public health and welfare. I shall dedicate myself and my office to improving the health standards of the American people and to do the task of bringing increasingly improved medical care within the reach of every citizen.

I shall uphold the Constitution of the United States of America and of the State of Indiana, the Constitution and Bylaws of the American Medical Assocation and the Constitution and Bylaws of the Indiana State Medical Association at all times.

I shall champion the cause of freedom in medical practice and freedom for all my fellow Americans. To these duties and obligations, I pledge myself, so help me God.

CHAPTER VI.—DUTIES OF OFFICERS

Section 1—The President, or a member designated by him, shall preside at all general meetings of the Association and of the House of Delegates. The President shall appoint all committees not otherwise provided for; he shall deliver an annual address at such time as may be arranged by the Executive Committee, and shall perform such other duties as custom and parliamentary usage may require. He shall be the real head of the profession of the state during his term of office, and as far as practicable, shall visit by appointment the various sections of the state and assist the Trustees in building up the county societies and in making their work more practical and useful.

Sec. 2.—The President-elect's term of office shall be for one year, at the completion of which he succeeds to the presidency. While President-elect, he shall assist the President in the discharge of his duties.

Sec. 3.—The Treasurer shall give bond at the expense of the Association in such an amount as shall be required by the Board. He shall receive all bequests and donations to the Association and shall demand and receive all funds due the Association except accounts due THE JOURNAL in the conduct of its business. The funds of the Association shall be deposited in a depository or depositories designated by the Executive Committee, and withdrawals from such funds shall be made on checks or drafts signed by the Treasurer and the chairman of the Board. He shall present to the House of Delegates annually a report of the receipts and expenditures, and the state of the funds in his hands, and shall subject his accounts to an annual audit by a Certified Public Accountant.

The Assistant Treasurer shall give bond at the expense of the Association in such amount as shall be required by the Board unless he is included in the coverage of a blanket or position bond. In case of death, or incapacity of the Treasurer, he shall succeed to all the duties and rights of the Treasurer until a new Treasurer be elected. In the absence of the Treasurer, he shall attend to the duties and rights of the Treasurer during such absence and he shall also perform such duties of the Treasurer as may be delegated and assigned to him by the Treasurer.

Sec. 4.—The Executive Secretary shall be the directing manager of the Association's headquarters and JOURNAL offices, and shall supervise the work of all salaried employees in the Association offices. Such supervision shall be subject to directives from the House of Delegates, the Board, the Executive Committee, and the President of the Association. He shall discharge the administrative functions of the Association not within the duties of other officers or of committees to perform. He shall assist, at their request, all officers and committees, and shall keep himself informed in regard to non-professional matters affecting the medical profession, for the purpose of keeping himself qualified to perform the services herein mentioned. He shall be responsible for the execution and carrying out of the policies of the Association and in that connection shall perform all specific tasks committed to him by the committees, the Board, and the officers of this Association. The amount of his salary shall be fixed by the Executive Committee on approval of the Board.

Sec. 5.—The necessary expenses of the above officers incurred in the line of duty herein imposed shall be allowed for in the budget, but excepting the Executive Secretary, this shall not include the expenses of attending the Annual Convention.

CHAPTER VII—BOARD OF TRUSTEES

Section 1.—The Board shall meet as follows: 1. The Board shall meet at least once each quarter of the calendar year, the time, date and location to be fixed by the Board. 2. On the day preceding the first day for the scientific meetings of the Annual Convention of the Association. 3. On the last day of the Annual Convention of the Association after the adjournment of the House of Delegates. 4. At such other times as necessity may require, subject to the call of the chairman, or on petition of three Trustees. It shall hold no meeting that will conflict with any meeting of the House of Delegates. It shall elect a chairman, and a clerk, who, in the absence of the Executive Secretary of the Association, shall keep a record of its proceedings. It shall, through its chairman, make an annual report to the House of Delegates. It shall organize itself at the meeting following the final session of the House of Delegates by electing its chairman who shall serve for one year. The chairman of the Board shall be elected by secret ballot. The number of terms of the chairman shall be limited to not more than three in succession.

Terms of Trustees shall begin with the first meeting of the Board following the final session of the House of Delegates at the Annual Session.

Sec. 2.—Each Trustee shall be organizer, peace-

maker, and censor for his district. He shall visit the counties in his district at least once a year for the purpose of organizing component societies where none exist; for inquiring into the condition of the profession, and for improving and increasing the zeal of the county societies and their members. He shall make an annual report of his work and of the condition of the profession of each county in his district, the same to be published in the number of THE JOURNAL which is issued immediately preceding the Annual Convention. The House of Delegates may take such action, if any, as it deems appropriate upon such reports. The necessary expenses incurred by such Trustee in the line of the duties herein imposed may be allowed by the Board on a properly itemized statement, but this shall not be construed to include his expense in attending the Annual Convention of the Association.

Sec. 3.—The Board shall, through its officers and otherwise, give diligent attention to and foster the scientific work and spirit of the Association, and shall study and strive constantly to make each Annual Convention a stepping stone to future ones of higher interest.

Sec. 4.—The Board shall, in connection with the House of Delegates, consider and advise as to the interests of the profession and of the public in those important matters wherein it is dependent upon the profession, and shall use its influence to secure and enforce all proper medical and public health legislation and to diffuse popular information in relation thereto.

Sec. 5.—The Board shall make careful inquiry into the condition of the profession of each county in the state and shall have authority to adopt such methods as may be deemed most efficient for building up and increasing the interest in such county societies as already exist, and for organizing the profession in counties where societies do not exist. It shall especially and systematically endeavor to promote friendly intercourse among physicians of the same locality and shall continue these efforts until every physician in every county of the state who can be made reputable has been brought under medical society influence.

Sec. 6.—The Board shall encourage postgraduate and research work, as well as home study, and shall endeavor to have the results utilized and intelligently discussed in the county societies.

Sec. 7—The Board shall, upon application, provide and issue charters to county societies organized to conform to the spirit of this Constitution and Bylaws.

Sec. 8.—In sparsely settled sections it shall have authority to organize the physicians of two or more counties into societies to be designated by hyphenating the names of two or more counties so as to distinguish them from district and other classes of societies; and these societies, when organized and chartered, shall be entitled to all the privileges and representation provided herein for country societies, until such counties may be organized separately.

Sec. 9.—The Board shall be the Board of Censors of the Association. It shall consider all questions involving the rights and standings of members whether in relation to other members, to the component societies, or to this Association. All questions of an ethical nature brought before the House of Delegates or the General or Section Meetings shall be referred to the Board without discussion. It shall hear and decide all questions of discipline affecting the conduct of members of component societies on which an appeal is taken from the decision of an individual Trustee, and its decision in all such matters shall be final.

Sec. 10.—The Board shall provide for and superintend all publications of the Association, and shall have authority to appoint an editor and such assistants as it deems necessary, and fix the amount of their salaries. The proceedings of the Board for the year shall be reported to the House of Delegates at the Annual Convention and be published in the number of THE JOURNAL which immediately precedes the Annual Convention.

Sec. 11.—In the interim between the meetings of this Association, the Board shall be the executive body of the Association, with full power to fill vacancies or transact any business that emergencies or the welfare of the Association may require.

Sec. 12.—The Board shall at its meeting following the close of the House of Delegates elect two members of the Association, at large, or of the Board, who, with the President, the President-elect, the Treasurer, and the chairman of the Board, shall constitute and be known as the Executive Committee. If such members of the Executive Committee be not members of the Board they shall not have the power of vote in the Board.

CHAPTER VIII.—ORGANIZATION OF ACTIVITIES AND RESPONSIBILITIES

Section 1.—The work of the Association, the performance of which is not provided for elsewhere in the Constitution or Bylaws, and is not carried on in the meetings of the Board or if the House of Delegates, or by special committees created by the Executive Committee, the Council or the House of Delegates, shall be performed by the following standing committees and commissions:

The Executive Committee
The Grievance Committee
The Student Loan Committee
The Medical-Legal Review Committee
The Future Planning Committee
The Committee on Sports and Medicine
The Committee of Medicine and Religion
The Commission on Convention Arrangements
The Commission on Constitution and Bylaws
The Commission on Legislation
The Commission on Public Information
The Commission on Governmental Medical Services
The Commission on Public Health

The Commission on Voluntary Health Agencies
The Commission on Medical Economics and Insurance
The Commission on Inter-Professional Relations
The Commission on Medical Education and Licensure
The Commission on Special Activities
The Commission on the Aged and Aging
The Commission on Emergency Medical Services

The difference between committees and commissions is shown in the provision of these Bylaws pertaining to their work and composition.

Sec. 2.—Except when otherwise stated in the Bylaws, a committee shall consist of not less than five nor more than nine members and shall be appointed annually by the President. The President shall also appoint the chairman and the vice-chairman of each committee.

Sec. 3.—Each commission will consist of fifteen members appointed by the President, with at least one member from each Trustee district. The original appointees in each commission shall be divided into three groups by lot. The first group shall serve three years; the second, two years; and the third, one year. Thereafter, each incoming President shall appoint five members of each commission to fill the vacancies resulting from the expiration of the terms of members, and such appointments shall be for three years. The President shall also appoint members to fill the unexpired term where any vacancy occurs through death, tion or otherwise. The President shall also appoint the chairman and the vice-chairman of each commission.

Sec. 4.—The President shall have the power, with the approval of the Board, to remove any member of any committee or commission where such member, for any reason, does not or cannot work at attempting to perform the duties pertaining to membership on such committee or commission.

Sec. 5.—Unless otherwise provided in these Bylaws, no member of either a committee or a commission shall serve on the same committee or commission more than two consecutive terms, but this shall not prevent him serving more than two terms if the term of another member intervenes. The time given to the serving of an unexpired term shall not be considered in determining the period within which a member may serve consecutively.

Sec. 6.—Within sixty days after the meeting of the State Convention, the President will call all commissions and committees into a joint meeting in which he will give a statement of the duties and responsibilities of all committees and commissions, call special attention to any immediate problems confronting the Association, and assign such problems or parts thereof to appropriate committees and commissions. In these meetings the commissions may provide for such subcommittees within the separate commissions as they may deem advisable. Each committee or commission shall have the right to call upon other committees, commissions or members of the profession for counsel and advice with respect to its work.

Sec. 7.—Each committee and commission shall have the privilege and is encouraged to have joint meetings with any like committee or commission of the Auxiliary where such like committee or commission exists, for the purpose of coordinating their activities to make them more effective in the medical service of the public and the intent of the Association.

Sec. 8.—Each committee and commission shall have the duty and responsibility of keeping constantly and currently informed on the matters within the area of its special interest and activity; of studying the conditions within that area with the purpose of finding possibilities of improvement; of finding the best solutions it can to the specific problems referred to it; of contributing in its area to the achievements of the Association as a whole in the protection and improvement of the health of the whole human family and finally of making all its efforts useful by passing on to the Association in the most effective manner possible the results of its studies and activities in its own area of special interests.

Sec. 9.—The President and Executive Secretary shall be *ex officio* members of all the foregoing committees and commissions without voting rights where their inclusion on the committee or commission is not otherwise provided for in these Bylaws.

CHAPTER IX.—THE EXECUTIVE COMMITTEE

Section 1.—The Executive Committee, constituted as provided in Section 12 of Chapter VII of these Bylaws, shall hold its first meeting immediately following the meeting of the Board held at the close of the last meeting of the House of Delegates in the Annual Convention, and shall organize by electing its chairman. Its secretary shall be the Executive Secretary of the Association. It shall meet with the Executive Secretary on the call of the chairman, or of any three members, to plan and execute such work as may be necessary for the welfare of the Association and the conduct of the Executive Secretary's office. It shall have all jurisdiction with respect to medical defense activities of the Association and shall be governed by the rules it adopts concerning that activity and by the Bylaws of this Association. It shall make decisions for the Association, including matters pertaining to THE JOURNAL, during the intervals between the meetings of the Board, and shall report its actions to the Board.

Sec. 2.—It shall prepare a budget for the ensuing fiscal year; and all expeditures of the Association, except those otherwise provided for under the Constitution and Bylaws, shall be governed by the budget. No expense not provided for in the budget or otherwise under the Constitution and Bylaws shall be incurred by any officer, commission or committee. A committee, commission or officer may submit a request for funds to meet unusual expenses not included in the annual bud-

get, and the Executive Committee shall have the power, by a two-thirds vote, to amend the budget to provide such funds.

CHAPTER X.—THE GRIEVANCE COMMITTEE

Section 1.—The Grievance Committee shall be composed of nine physicians, three of whom may be past presidents of the Association, and all of whom shall be appointed by the President. Not more than two physicians shall be appointed from any one Trustee district. No member shall hold any elective office in the State Association during tenure on this committee. Of the nine physicians first appointed, three shall serve for a period of one year; three for two years; and three for three years. Thereafter, three shall be appointed each year for a three-year term to fill the vacancies caused by the expiration of terms. Any vacancy occurring in this committee, other than by expiration of term, shall be filled by an interim appointee to serve the balance of the unexpired term. This committee shall organize itself by electing a chairman, a vice-chairman and a secretary.

Sec. 2.—This provision regarding the constitution of the Grievance Committee shall be construed to mean that the present committee of that name is continued in that position with the terms of its members expiring and new members to be appointed on the basis of this provision being operative and effective as of the dates of their respective original appointments; and it is not to be construed as having the effect of creating a new committee, all of whose members are to be appointed upon this amendment being adopted and becoming effective.

Sec. 3.—In addition to the above provided organization and membership of the committee, the President of the Association shall appoint an accredited psychiatrist as a consultant for the committee, whose tenure of office shall be on an annual basis. The appointment of the psychiatrist may be made from any Trustee district of the Association, irrespective of the membership of the committee including another member or members from the same Trustee district. He shall have the same rights and privileges as other members of the committee except that he shall not have the right to vote.

Sec. 4.—The duties of this committee shall be to receive complaints, appeals or suggestions from physicians or laymen concerning professional conduct. It shall attempt to find the facts regarding any matter brought to its attention, through procedures proper and appropriate to that end, and shall attempt to adjust differences between patients and physicians, and between physicians. It may, if it believes the facts justify such action, cite a member of the Association to the Board of the State Association. It shall, subject to the approval of the Board, draw up a set of rules and regulations governing its procedure and official actions.

CHAPTER XI.—THE COMMISSION ON CONVENTION ARRANGEMENTS

Section 1.—The Commission on Convention Arrangements, with the advice and assistance of the Executive Secretary, shall provide suitable accommodations for meetings of the Association, including the House of Delegates, Board, and of their respective committees, the scientific and technical exhibits, and in conjunction with the Executive Secretary, shall have general charge of all the arrangements. Its chairman shall report an outline of the arrangements to the Executive Secretary of the Association for publication in THE JOURNAL and in the official program, and shall make additional announcements during the session as occasion may require. The arrangements and the character of any and all technical exhibits must meet with the approval of the Executive Committee of the Association.

Sec. 2.—It shall, with the approval of the Executive Committee, prepare a program for scientific work for the Annual Convention in which shall be included the respective programs for section meetings which shall be prepared through cooperation with the officers on the various sections: and it shall, with the approval of the Executive Committee, arrange for scientific exhibits as a part of the Annual Convention.

Sec. 3.—The general, scientific and sectional programs, and the financial arrangements to provide for them must be approved by the Executive Committee before being officially announced.

CHAPTER XII.—THE STUDENT LOAN COMMITTEE

Section 1.—The Student Loan Committee shall be constituted as follows:

(a) The President of Indiana State Medical Association

(b) One Trustee of the Association to be appointed by the President

(c) One general practitioner to be appointed by the President

(d) One specialist to be appointed by the President

(e) The Treasurer of Indiana State Medical Association

(f) The Dean of Indiana University School of Medicine

(g) One of the attorneys of Indiana State Medical Association to be appointed by the President

Sec. 2.—This committee shall have authority to make loans to medical students in accordance with the terms and conditions under which funds are made available for that purpose. The committee shall organize itself at its first meeting following the Annual Convention of the Association, by the election of a chairman and a secretary. The committee shall adopt its own rules and regulations, subject to the approval of the Board. The secretary shall have the duty and responsibility of keep-

ing minutes of all transactions of the committee, and shall file a copy of such minutes, as well as a copy of all papers pertaining to any application or loans, in the Headquarters Office of the Association.

CHAPTER XIII.—THE MEDICAL-LEGAL REVIEW COMMITTEE

Section 1.—The Medical-Legal Review Committee shall consist of three members whose duty it shall be to meet in joint session and work with a similar committee to be appointed by the President of the State Bar Association. This committee of the Medical Association shall function as the medical representatives provided for in the Joint Inter-Professional Code of the State Medical Association and the State Bar Association to carry out the purposes of that Code. Its duties shall be as stated in that Code in the form in effect from time to time as approved by the Association.

CHAPTER XIV.—THE FUTURE PLANNING COMMITTEE

Section 1.—The Future Planning Committee shall consist of nine members to be appointed by the President for terms of three years. Terms shall be staggered so that three members' terms expire each year; at the first, three members shall be appointed for one year, three for two years and three for three years. Thereafter all appointments shall be for a period of three years. The President, President-elect, chairman of the Board, Chairman of the Executive Committee and Editor of THE JOURNAL shall be ex officio members. The membership should be varied, according to experience, age, size of local county medical society and geographical area. At least one-third to one-half should be in the age group who would be in practice in the future contemplated, that is ten to twenty years distant.

Sec. 2.—The function of this committee shall be to study and anticipate future trends and to stimulate the various commissions in coordinated directions so there is concord to the entire operation of Indiana State Medical Association. It is not contemplated that it be an operational committee.

CHAPTER XV.—THE COMMISSION ON CONSTITUTION AND BYLAWS

Section 1.—The Commission on Constitution and Bylaws shall keep in contact with the developments and changes in procedures in carrying on the work of this Association; shall suggest revisions necessary to keep the Constitution and Bylaws always in accord with the practices and procedures best adapted to the functioning of the Association; and shall keep the practices and procedures of the Association consistent with the provisions from time to time contained in the Constitution and Bylaws—to the end that all members of the profession, by reference to the Constitution and Bylaws, may be able to obtain accurate information regarding procedure and practice within the Association, and that hampering of such procedure and practice by obsolete provisions in the Constitution and Bylaws may be avoided.

CHAPTER XVI.—THE COMMISSION ON LEGISLATION

Section 1.—The Commission on Legislation shall study all legislation, both state and national, and all local legislative trends and movements, as to their effect upon the practice of medicine and the protection of the public health; shall keep the profession informed at all times concerning the matters within its area of responsibility; shall conduct investigations of legislative proposals; and shall maintain liaison with members of the State Legislature and of the United States Congress, and with the legislative activities of the American Medical Association. It shall strive to implement and make effective the legislative proposals adopted by the Association.

CHAPTER XVII.—THE COMMISSION ON PUBLIC INFORMATION

Section 1.—The Commission on Public Information shall collect and organize for dissemination to the public all matters of public interest within the field of medicine, including the activities of other commissions in which the public interest would be involved, and including also the achievements in the advancement of medicine which would be of interest to the public; shall disseminate all such information through the use of whatever media the commission may find adaptable to that purpose so that such information may be brought to the public in the most effective and convincing manner; and shall develop and maintain the relations of the medical profession with the public in such a way as to give the lay public a better knowledge and understanding of the aims, objects and value of the profession to the public.

CHAPTER XVIII.—THE COMMISSION ON GOVERNMENTAL MEDICAL SERVICES

Section 1.—The Commission on Governmental Medical Services shall concern itself and assume special responsibility in obtaining information and giving counsel and advice to the Association with respect to all matters in which medical service comes into contact with any existing or proposed functions of government, including civil defense, rehabilitation of persons handicapped by abnormality or disease, medical service in welfare departments, maternal and child health programs sponsored through governmental agencies, medical care of military manpower, plans and programs for medical care of veterans, medical care for dependents of those in uniformed services of the government, plans and programs of the government for medical care now existing or which may hereafter be adopted by any special group, government programs for elimination of venereal disease and other communicable diseases, and all programs and plans for medical care to be provided through municipal, state or federal governments.

CHAPTER XIX.—THE COMMISSION ON PUBLIC HEALTH

Section 1.—The Commission on Public Health shall assemble and study information regarding industrial medical practice, rural health, preventive medicine, placement of physicians, traffic safety, conservation of hearing and vision; and shall bring such information, and the possibility of progress and advancement in such fields, to the attention of the medical profession, with suggestions for improvements as the commission finds such possibilities.

CHAPTER XX.—THE COMMISSION ON VOLUNTARY HEALTH AGENCIES

Section 1.—The Commission on Voluntary Health Agencies shall maintain liaison between all voluntary health agencies and the Association; shall study and counsel in regard to planning all educational and other activities of such agencies; and shall keep the Association fully informed at all times regarding present and contemplated programs of these agencies.

CHAPTER XXI.—THE COMMISSION ON MEDICAL ECONOMICS AND INSURANCE

Section 1.—The Commission on Medical Economics and Insurance shall study and improve forms used in medical and hospital insurance; shall continuously be interested in all types of plans for prepayment of medical and hospital expense, and for provision for medical and hospital service through all types of group activity; shall maintain liaison with labor with respect to labor's problems involving medical and hospital care, and Workmen's Compensation problems; and shall seek improved solutions of professional liability or malpractice problems, tax problems in relation to medical practice, and problems involving physician retirement plans.

CHAPTER XXII.—THE COMMISSION ON INTER-PROFESSIONAL RELATIONS

Section 1.—The Commission on Inter-Professional Relations shall study to find all the best methods of maintaining on the highest and most satisfactory levels physicians' professional relations with hospitals, nurses, dentists, pharmacists, pharmaceutical manufacturers, veterinarians, nursing homes, and all other professional groups with which the practice of medicine comes into contact.

CHAPTER XXIII.—THE COMMISSION ON MEDICAL EDUCATION AND LICENSURE

Section 1.—The Commission on Medical Education and Licensure shall maintain liaison with, and try to be of assistance to, medical schools and the licensing board; and shall keep in contact with, and endeavor to assist in improving, undergraduate education, postgraduate education, intern training, resident training, preceptor instruction, and public school health education.

CHAPTER XXIV.—THE COMMISSION ON SPECIAL ACTIVITIES

Section 1.—The Commission on Special Activities shall organize and promote support for the American Medical Education Fund, assistance to physicians, blood banks, and all miscellaneous activities not falling within the area of responsibilities of other commissions or committees.

CHAPTER XXV.—THE COMMISSION ON THE AGED AND AGING

Section 1.—The duties of this commission shall be to study, investigate, and make recommendations to the Association in the areas falling within the question of the aged and aging, including medical care programs, medical care insurance, rehabilitation, and preventive medicine.

CHAPTER XXVI—THE COMMISSION ON EMERGENCY MEDICAL SERVICES

Sec. 1.—The Commission on Emergency Medical Services constituted as provided herein shall have as its purpose the survey, planning and evaluation of emergency medical services to insure that the medical profession will guide and influence the services for the greatest benefit and protection of the public.

CHAPTER XXVII—THE COMMITTEE ON SPORTS AND MEDICINE

CHAPTER XXVIII—THE COMMITTEE ON MEDICINE AND RELIGION

CHAPTER XXIX—REFERENCE COMMITTEES

Section 1.—Immediately after the organization of the House of Delegates at each Annual Convention, the President shall announce the membership of the reference committees to serve during the convention for which they are appointed. Appointments to these reference committees shall be made by the President in time for them to be published in THE JOURNAL and the Handbook prior to such Annual Convention.

The President shall have the power to appoint substitutes from among the members present for absent appointees.

Each committee shall consist of five members, at least three of whom shall be members of the House of Delegates. The chairman shall be named by the President from among those who are members of the House of Delegates. To these committees shall be referred all reports, resolutions, measures and propositions presented to the House of Delegates, except such matters as properly come before the Board, and the recommendations of these committees shall be submitted to the next meeting of the House of Delegates for acceptance in the original or modified form or for rejection.

Sec. 2.—Four or more Reference Committees designated by numerals are hereby constituted to which all matters shall be referred.

Where a report, resolution, measure, or proposition deals with more than one subject matter, reference thereof may, in the discretion of the

President, be made (a) to as many reference committees as are necessary to cover all subjects included therein; or (b) to only one reference committee which the President deems has within the scope of its reference the most important part of the matter referred.

No report of any reference committee shall be rejected on the ground that it covers something not included in the matters which such committee was created to consider.

Sec. 3.—The time and place of meetings of all reference committees shall be publicly posted, and all meetings of all reference committees shall be open to all members of the Association.

Officers and chairmen of all committees whose reports are referred to reference committees shall have the right to appear and be heard before the respective committees to which such references are made, in regard to their reports.

CHAPTER XXX—COUNTY SOCIETIES

Section 1.—All county societies now in affiliation with this Association or those which may hereafter be organized in this state, which have adopted principles of organization not in conflict with this Constitution and Bylaws, shall, on application receive a charter from and become a component part of this Association. The acceptance or retention of this charter shall be regarded as a pledge on the part of said component society to conduct itself in harmony with the letter and spirit of this Constitution and Bylaws and other rules and resolutions of this Association.

Sec. 2.—Charters shall be issued only upon approval of the Board and shall be signed by the President and Executive Secretary of this Association. The Board shall have authority to revoke the charter of any component society whose actions are in conflict with the letter and spirit of this Constitution and Bylaws.

Sec. 3.—Only one component medical society shall be chartered in any county. Where more than one county society exists, friendly overtures and concessions shall be made, with the aid of the Trustee for the district if necessary, and all of the members brought into one organization. In case of failure to unite, an appeal may be made to the Board, which shall decide what action shall be taken.

Sec. 4.—Each county society shall be judge of the qualifications of its own members, but, as such societies are the only portals to this Association and to the American Medical Association, every reputable and legally registered physician who holds a degree of Doctor of Medicine, a degree of Bachelor of Medicine or who holds a valid, unrestricted license to practice medicine and surgery, and who does not practice or claim to practice, nor lend his support to, any exclusive system of medicine, shall be eligible for membership. Provided, however, that each county society may deny membership in such society for infraction or violation of any law relating to the practice of medicine or of the Constitution and Bylaws of such society, the Constitution and Bylaws of the Indiana State Medical Association or for a violation of the Principles of Medical Ethics of the Indiana State Medical Association; and may, after due notice and hearing, censor, suspend or expel any member for any such infraction. Before a charter is issued to any county society, full and ample notice and opportunity shall be given to every physician in the county to become a member.

Sec. 5.—Any physician who may feel aggrieved by the action of the society of his county in refusing him membership, or in suspending or expelling him, shall have the right to appeal to the Board, and its decision shall be final.

Sec. 6.—In hearing appeals the Board may admit oral or written evidence as in its judgment will best and most fairly present the facts, but in case of every appeal, both as a board and as individual Trustees in district and county work, efforts at conciliation and compromise shall precede all such hearings.

Sec. 7.—When a member in good standing in a component society moves to another county in this state, his name shall be transferred without cost to the roster of the county society into whose jurisdiction he moves, provided the transfer is approved by majority vote of the membership of said society to which the transfer is proposed.

Sec. 8.—A physician who has the major part of his practice in a county other than the county in which he resides may hold his membership in the county society of his residence or in the county society of the county in which he has the major part of his practice. However, no physician shall hold active membership in more than one county society at the same time.

Sec. 9.—Each component society shall have general direction of the affairs of the profession in its county, and its influence shall be constantly exerted for bettering the scientific, moral and professional status of every physician in the county; and systematic efforts shall be made by each member, and by the society as a whole, to increase the membership until it embraces every qualified and honorable physician in the county.

Sec. 10.—At the annual business meeting for election of other officers, in advance of the Annual Convention of this Association, each county society shall elect delegates and alternates to represent it in the House of Delegates of this Association, and the secretary of the society shall send a list of such delegates and alternates to the Executive Secretary of this Association annually on or before February 1.

Sec. 11.—The secretary of each component society shall keep a roster of all its members and of the non-affiliated registered physicians of the county, in which shall be shown the full name, address, college and date of graduation, date of license to practice in this state, and such other in-

formation as may be deemed necessary. In keeping such roster the secretary shall note any changes in the personnel of the profession by death, or by removal to or from the county, and in making his annual report he shall be certain to account for every physician who has lived in the county during the year.

The secretary of each component society shall prepare and send to the Trustee of his district a quarterly report briefly stating the activities of his county society including meetings, programs, changes in officers and personnel of membership. A copy of this quarterly report to the Trustee shall also be sent to the Executive Secretary of the State Association. The State Association shall supply each county secretary a form for these reports.

Sec. 12.—The fiscal year of the Association shall be from October 1 to September 30 of the succeeding year. The dues shall be collected by the calendar year and payable in advance.

Unless collected by the Indiana State Medical Association, the secretary of each component society shall forward the dues for his society to the Executive Secretary of this Association and shall furnish the State Association Headquarters with a roster of officers, members and a listing of non-affiliated physicians of the county, on or before January 1 of each year, and he shall promptly report thereafter the names of any new members elected to membership in his society, and promptly forward to the Executive Secretary of this Association the dues for such members.

The dues shall be the same for all members and entitle the members to all benefits, including the publications of this Association, from the time of paying the dues to the close of the year only. Provided, however, that physicians elected to their first membership in this Association during the first nine months of any year shall pay the regular annual dues for that year; and those elected to their first membership after October 1 of any one year shall pay fifty percent of the annual dues as dues for the remainder of that year. Interns and residents shall pay $15.00 a year annual dues during their term of service in the hospital.

In the event the county society remits a member's dues on account of financial hardship, the secretary of the county medical society shall recommend in writing to the Trustee of his district the remission of the State Association dues of said member of the society, showing why such recommendation should be granted. The Trustee in turn shall present the recommendation to the Board, which shall have the power to remit such dues.

Sec. 13.—Any county society which fails to pay its dues or make the report required by February 1 of each year shall be held suspended, and none of its members or delegates shall be permitted to receive any of the publications of the Association or participate in any of the business or proceedings of the Association or of the House of Delegates until such requirements have been met.

Sec. 14.—Each county society shall be held responsible for the faithfulness in the performance of duty on the part of its secretary in making reports and remitting dues to the Association.

Sec. 15.—Each component society shall have its own Constitution and Bylaws, which shall not be in conflict with the Constitution and Bylaws either of this Association or of the American Medical Association. An up-to-date copy thereof shall be filed with the Executive Secretary of the Indiana State Medical Association not later than May 1 of each calendar year, or where such copy is so on file and no change has been made, then it shall be sufficient to file a certificate to that effect with said Executive Secretary.

CHAPTER XXXI—TRUSTEE DISTRICT MEDICAL SOCIETIES

Section 1.—A Trustee District Medical Society hereinafter called the district society, shall be a society whose members consist of the members of the county medical societies in the counties which constitute the Trustee district.

Sec. 2.—The state shall be divided into thirteen (13) Trustee districts with the boundary lines and numbers of each district to be as follows:

First District—Posey, Vanderburgh, Warrick, Spencer, Perry, Pike and Gibson Counties.

Second Distict—Knox, Daviess, Martin, Monroe, Owen, Greene and Sullivan Counties.

Third District—Dubois, Crawford, Harrison, Floyd, Clark, Scott, Washington, Orange and Lawrence Counties.

Fourth District—Jackson, Jennings, Jefferson, Switzerland, Ohio, Dearborn, Ripley, Decatur, Bartholomew and Brown Counties.

Fifth District—Clay, Vigo, Vermillion, Parke and Putnam Counties.

Sixth District—Shelby, Rush, Fayette, Franklin, Union, Wayne, Henry and Hancock Counties.

Seventh District—Morgan, Johnson, Marion and Hendricks Counties.

Eighth District—Madison, Delaware, Randolph, Jay and Blackford Counties.

Ninth District—Fountain, Montgomery, Boone, Hamilton, Tipton, Clinton, Tippecanoe, Warren, Benton, White and Newton Counties.

Tenth District—Jasper, Porter and Lake Counties.

Eleventh District—Carroll, Howard, Grant, Huntington, Wabash, Miami, and Cass Counties.

Twelfth District—Wells, Adams, Whitley, Allen, Noble, DeKalb, LaGrange and Steuben Counties.

Thirteenth District—Pulaski, Fulton, Kosciusko, Marshall, Starke, LaPorte, St. Joseph and Elkhart Counties.

Sec. 3.—Each district society shall adopt a Constitution and Bylaws, which shall not conflict with the Constitution and Bylaws of the State Association, and only one district society shall exist within any one Trustee district. The authorized district society in each Trustee district shall receive a charter from the State Association, and the secretary of the district society shall have custody of the charter.

Sec. 4.—Each district society shall organize by electing a president, a secretary, and a treasurer and a Trustee and Alternate Trustee as the current Trustee term and Alternate Trustee term for the district expires, and such others as may be provided for in its Constitution and Bylaws. The office of secretary and treasurer may be held by the same physician. The Trustee shall continue to have the same duties and terms as are set forth in the Constitution and Bylaws of this Association.

Sec. 5.—The dues of the district society, in an amount fixed by the district society to meet the society needs, shall be collected by the secretaries of the component county societies, or by the Indiana State Medical Association and delivered to the treasurer of the district society. The secretary of each district society shall report to the office of the Indiana State Medical Association the names and addresses of the members of his district society, together with a copy of the minutes of each meeting of his district society.

Sec. 6.—Each district society shall meet at least once each year at a time and place to be fixed by the district society. On or before January 1 of each year each district society shall notify the headquarters of the State Association of the time and place of the annual district meeting for that year; but if no such notification has been received in the headquarters on or before the January meeting of the Board, the Trustee shall fix the time and place of the district meeting, and notice of such meeting shall be sent to the members of the county medical societies in such district.

Sec. 7.—Whenever a district society is to elect a Trustee and/or Alternate, the headquarters office of the State Association shall so notify the individual members of such district society not later than the first of March of the year in which the election is to occur.

Sec. 8.—The district society shall send to the headquarters office of the State Association a copy of its program showing the time and place of its meetings, early enough that the headquarters office may notify all members within the district of the meeting at least thirty (30) days prior to the date thereof.

Sec. 9.—It shall be the duty of each district medical society to select in any manner it chooses a member from its district to serve a term or fill an unexpired term on the Board of Directors of Mutual Medical Insurance, Inc., (Blue Shield). Notice of such selection shall be immediately transmitted to the Board of Trustees of the Indiana State Medical Association which will officially place said selected member in nomination for election to said Board of Directors.

However, no member selected or nominated to serve on the Board of Directors of Mutual Medical Insurance, Inc., (Blue Shield) shall serve for more than two consecutive terms, each term being limited to three years, but this shall not prevent him from serving more than two terms if the term of another member intervenes. The time given to the serving of an unexpired term shall not be considered in determining the period within which a member may serve consecutively.

CHAPTER XXXII—MISCELLANEOUS

Section 1.—The deliberations of this Association shall be governed by parliamentary usage as contained in Robert's Rules of Order, when not in conflict with this Constitution and Bylaws.

Sec. 2.—The Principles of Medical Ethics of the American Medical Association shall govern the conduct of members in their relations to each other and to the public.

CHAPTER XXXIII—MEDICAL DEFENSE

Section 1.—One dollar and twenty-five cents ($1.25) out of the annual dues of each member of the Association shall be set aside as a special fund for medical defense.

Sec. 2.—The administration of medical defense of this Association shall be intrusted to the Executive Committee, which shall constitute the Medical Defense Committee of the Association.

Sec. 3.—This committee shall have full authority governing all matters pertaining to this Chapter. In order to secure to any physician sued or against whom claim is made a fair and full presensation of his defense, the committee shall have power to enter into an agreement with such physician to furnish to him funds with which to employ and pay one attorney of his choice and such other expenses as the committee may approve as necessary to a fair and full presentation of his defense. Provided, always, that the attorney selected by the physician must be of good reputation and standing in his profession and the terms of employment, including the fees to be paid, must be approved by the committee in each case in advance of such agreement. Provided, further, that the Executive Committee shall set a limit to the amount which may be so expended in connection with any one claim or case.

Sec. 4.—The Treasurer of the Indiana State Medical Association shall be custodian of the defense fund, separately kept, and shall give such additional bond as may be demanded by the Medical Defense Committee. Payments out of this fund shall be made only upon approval of the Executive Committee, by checks signed by the Treasurer and the chairman of the Board.

Sec. 5.—The Medical Defense Committee shall make an annual report to the House of Delegates of the cases in which it has been of service to members and furnish an account of the money received and expended, such report to be published in THE JOURNAL of the Indiana State Medical Association at the time and in the manner that reports of other committees of the Association are published.

Sec. 6.—This Association shall not be liable for any damage awarded, but shall be liable only for such expenses for the legal defense of its members as may be incurred in accordance with the terms of these Bylaws.

Sec. 7.—The Association shall not undertake the defense of a member in any case in which the member who applies for medical defense by the Association has failed to pay his annual dues for the year in which services were rendered which are the basis of the suit; and medical defense by the Association shall not be available in any suit based on services rendered during any period of delinquency in the payment of dues. Dues are payable on January 1, and become delinquent on February 1 of each year. The membership card of this Association, duly signed and dated by the Executive Secretary, shall be considered the only *bona fide* evidence of payment of dues or membership in this Association.

The Indiana State Medical Association shall in no case provide medical defense against any action for alleged malpractice against any physician unless such physician was a member of this Association in good standing at the time the services, which are the basis of the suit, were rendered.

Sec. 8.—A member desiring to avail himself of the services of the Medical Defense Committee in connection with litigation brought or threatened must send to the Executive Secretary of the Association for an application blank. After completing the data concerning the case he shall submit to a local committee of his county medical society—to be composed of the president, secretary and one other member in good standing who may be nominated by the defendant—a full statement of the question at issue, including the diagnosis and treatment of the case and the names of physicians, nurses and other persons having knowledge of the same, who may be summoned as witnesses.

Sec. 9.—The committee of the county medical society shall immediately, after an investigation of all the circumstances and facts, transmit its report, with recommendations, to the Medical Defense Committee of this Association.

Sec. 10.—In the event that the county committee shall fail to recommend the case as one worthy of the recognition of this Association, a direct appeal may be made to the Medical Defense Committee of this Association, whose decision shall be final.

Sec. 11.—Suits brought against the estate of a deceased member shall be defended as if that member were alive; provided that such member was in good standing in the Association at the time of his death and that services for which indemnity is asked were rendered while the deceased was a member in good standing.

Sec. 12.—Medical defense shall not be available to members living outside of the State of Indiana at the time services were rendered for which indemnity is claimed.

Sec. 13.—The Medical Defense Committee shall have power to adopt such other rules, not in conflict with the foregoing, as in their judgment may seem necessary.

Sec. 14.—Medical defense as provided for by this Association shall be available to members under the terms stated in these Bylaws only in the defense of civil action for alleged malpractice, and shall not be available if such alleged malpractice occurred when the member was under the influence of any intoxicant or narcotic while rendering the service in question.

CHAPTER XXXIV—DIVISION OF FEES

This Association does not countenance or tolerate fee-splitting, division of fees, or commission paying directly or indirectly, and any member found guilty shall be expelled from membership.

CHAPTER XXXV—INVESTMENT OF SURPLUS FUNDS

Section 1.—The investment of all surplus funds of this Association shall be under the direct control and management of the Executive Committee subject to instructions in regard thereto which may be given by the Board at its option. The Executive Committee shall have the right and is encouraged to obtain the advice and counsel of the investment departments of any bank or trust company of Indianapolis in regard to the discharge of the duties covered by this chapter of the Bylaws.

CHAPTER XXXVI—AMENDMENTS

Section 1.—These Bylaws may be amended at any Annual Convention by a majority vote of all the delegates present at that convention, after the amendment has lain on the table for one day.

Sec. 2.—Upon the adoption of this Constitution and Bylaws all previous Constitutions and Bylaws are hereby repealed.

Principles of Medical Ethics of the American Medical Association

"PREAMBLE"

"These principles are intended to aid physicians individually and collectively in maintaining a high level of ethical conduct. They are not laws but standards by which a physician may determine the propriety of his conduct in his relationship with patients, with colleagues, with members of allied professions, and with the public.

"Section 1.—The principal objective of the medical profession is to render service to humanity with full respect for the dignity of man. Physicians should merit the confidence of patients entrusted to their care, rendering to each a full measure of service and devotion.

"Section 2.—Physicians should strive continually to improve medical knowledge and skill, and should make available to their patients and colleagues the benefits of their professional attainments.

"Section 3.—A physician should practice a method of healing founded on a scientific basis; and he should not voluntarily associate professionally with anyone who violates this principle.

"Section 4.—The medical profession should safeguard the public and itself against physicians deficient in moral character or professional competence. Physicians should observe all laws, uphold the dignity and honor of the profession and accept its self-imposed disciplines. They should expose, without hesitation, illegal or unethical conduct of fellow members of the profession.

"Section 5.—A physician may choose whom he will serve. In an emergency, however, he should render service to the best of his ability. Having undertaken the care of a patient, he may not neglect him; and unless he has been discharged he may discontinue his services only after giving adequate notice. He should not solicit patients.

"Section 6.—A physician should not dispose of his services under terms or conditions which tend to interfere with or impair the free and complete exercise of his medical judgment and skill or tend to cause a deterioration of the quality of medical care.

"Section 7.—In the practice of medicine a physician should limit the source of his professional income to medical services actually rendered by him, or under his supervision, to his patients. His fee should be commensurate with the services rendered and the patient's ability to pay. He should neither pay nor receive a commission for referral of patients. Drugs, remedies or appliances may be dispensed or supplied by the physician provided it is in the best interests of the patient.

"Section 8.—A physician should seek consultation upon request; in doubtful or difficult cases; or whenever it appears that the quality of medical service may be enhanced thereby.

"Section 9.—A physician may not reveal the confidences entrusted to him in the course of medical attendance, or the deficiencies he may observe in the character of patients, unless he is required to do so by law or unless it becomes necessary in order to protect the welfare of the individual or of the community.

"Section 10.—The honored ideals of the medical profession imply that the responsibilities of the physician extend not only to the individual, but also to society where these responsibilities deserve his interest and participation in activities which have the purpose of improving both the health and the well-being of the individual and the community."

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